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Gynecology.

SOME OF THE CLINICAL ASPECTS OF SEPTIC INVASION.

BY EDWARD BLAKE, M. D., LONDON, ENGLAND.

I do not doubt that all will be prepared to admit that the most elevating conception of the highest and noblest of all professions is that which views it as a means of preventing disease. Because this is so it is difficult to over-estimate the importance of establishing etiology on a sound and scientific basis. So swift have been recent strides towards this excellent consummation of our desires that it is quite impossible for a single intelligence to keep pace with them.

Though it is undoubtedly true that we can, with some measure of success, encounter certain manifestations of disease, knowing nothing of their real causation, it is equally true that without etiology we cannot do our best by our client to protect him from future visitations of the same malady.

We say most truly, *felix qui potuit cognoscere causas;* for not only is some knowledge of etiology needed for the prevention of disease, but some special knowledge of predisponents and excitants must deeply tinge our general selection of measures designed to afford relief to those entrusted to our care.

It is plain that there could be no State Medicine without scientific etiology.

Equally there can be no fixed basis of nomenclature; for example, have we not seen that the selection of names based on physical characters alone may lead, as in the absurd artificial classifications of skin diseases, to the most ridiculous results, as arranging small pox with ecthyma antimoniale and erythema mercuriale with scarlet fever?

The only hope of a definite scientific taxonomy is to have the generic terms founded on physical or physiologic characters and the specific distinctions based on causation. Examples are "chondritis arsenicalis," "synovitis traumatica," and "pharyngitis septica."

It will be, then, from the etiologic side, that I shall approach this large and important subject.

ACUTE SEPSIS.

Concerning acute sepsis I shall have very little to say. In women its most typical, and certainly its most appalling, form is child-bed fever, a disease which has grown to be more rare since Listerism has come into vogue, a disease destined, let us hope, ere long to disappear altogether from civilized communities.

I was assured by Prof. Victor Horsley, when he acted as Registrar of the Maternity Department of the University College Hospital, London, England, that the substitution of vaseline for lard on the hands of students who went from dressing surgical injuries to the lying-in bedside effected a perceptible diminution in the number of cases of puerperal septicæmia. Inasmuch as this disease is easily prevented and is nearly incurable all our energies should be devoted to rendering the parturient woman and all her surroundings as aseptic as possible.

A few words as to the chief indications for managing a case.

1. See that the uterine cavity is absolutely clear. It is better to remove a part of the wall of the womb than to leave behind the very smallest portion of chorion after an abortion, or of placental membrane after miscarriage or labor at term.

2. Keep the cavity constantly irrigated with some warm solution of harmless antiseptic, such as boric acid, taking care that the egress tube of the double canula employed be far larger in internal sectional area than the ingress tube.

3. Keep the cervix patulous and if possible arrange that the patient be in an appropriate posture for easy drainage.

4. Protect or remove needless absorbent surfaces.

SUB-ACUTE AND CHRONIC SEPSIS.

We see examples of rather less acute septic intoxication in surgical erysipelas, established gonorrhœa, coprostatic urticaria, resembling the form which arises from decomposing food, extensive cutaneous burn, diphtheria, pyometra, pyocolpos, otitis suppurans and disseminated abscess, infective osteo-myelitis and in the so-called "zymotic" fevers.

The infinite varieties of toxine produced during these invasions of anabolic and katabolic tissue changes, and by the decomposition of pus, of mucus and of other liquid products of the body, exhibit, when we consider their elaborate differentiation, a curious unanimity both in method of attack and in the selection of sites for action.

Thus they all prefer to act on the endothelium and the epithelium of children. They prefer the nervous system of women and the joints of men. That is, of course, only another way of saying that the skin and mucosa of the young, the cerebro-spinal system of women and the joints in men are either their weakest points respectively, or else they are the most active in their efforts to rid themselves of poisonous material.

To avoid repetition I will consider the distinctive

characters of sub-acute septic invasion with those of the chronic form, for into the latter the former insensibly merge.

SKIN.

Just as in acute sepsis the skin affection is usually erythematous so in the more chronic forms the cutaneous manifestation is nearly always some variety of nettle-rash. In the ill-fed and the aged it may be replaced by petechial or purpuric affections.

Urticaria septica is sometimes seen in the course of chronic gonorrhœa, when it may be complicated with certain drug rashes, such as the copaiba dermatitis, which occasionally presents features resembling nettle-rash.

In a pamphlet entitled "Sepsis and Saturnism," in which I have shown the curious resemblance which exists between the modus operandi of septic matter and of the soluble salts of lead, I have described a form of acne rosacea of the face arising from carious teeth. This may be compared with the septic rash (roseola enterica) seen on the abdomen of the typhoid patient.

Also, at page 15 of my work on Septic Intoxication, I have given an example of multiple symmetrical petechiæ occurring on the cheeks of an old lady, evidently arising from suppurating fangs, for they disappeared after the removal of the carious roots.

Purpura has been produced by direct experimentation of poisoning by ptomaines, and there is little doubt that the diseases, roughly grouped together as hæmorrhagic purpura, are some of them septic in origin.

I have elsewhere shown that nearly all the toxic eruptions may attack any portion of the epithelium. But there are favored sites.

Internally, the throat is, for many reasons, a preferred locality, as we see in diphtheria, scarlet fever and some of the other zymotics.

Outside the body the forearm is the most common site of septic rash. The musculo-spiral distribution is the area most frequently affected.

The musculo-spiral has a few peculiarities which we shall be repaid for noting. Developmentally it is a very old nerve, being found in the earliest types of anterior limbed organisms. In the personal habits it is a punctiliously polite nerve, and it never encroaches on its neighbors. Unlike the ulnar, which often reaches as far into the musculo-spiral area as the root of the index finger, the musculo-spiral shows no retaliatory spirit. It is a nerve of vicissitudes. Besides being perpetually and abruptly stretched during pronation it receives most of the blows which reach the forearm. Being a silhouette, or outline nerve, it is much exposed to the changes of external temperature.

Many toxic eruptions appear first either on its superficial area or on that of the fifth cranial pair. An example is iodo-derma, which is usually best seen on the forearm and the face. It follows occasionally the dressing of the endometrium with iodised phenol.

The distribution of the musculo-spiral is the point to examine for the earliest manifestations of the peculiar eruption characteristic of uræmia. These are the so-called maculate uræmicæ first described, with anything approaching accuracy, by le Cronier Lancaster, of Swansea, England. Here are also often first seen the xanthoma of osteo-arthritis, so often septic in origin.

These pigment spots on the forearm, yellow under the clothes, and sepia-like where they are exposed, were first alluded to by me in the British Journal of Homeopathy in 1881. The various forms of dyschromia associated with rheumatism were afterwards, in 1885, most carefully and elaborately described by Dr. Kent Spender of Bath, under the name of multiple xanthoma.

Next in order of frequency is the trigeminus, or nerve of sensation of the face. Then come the cervical spinal nerves.

It is full of interest to note that the area of distribution of toxic skin-staining corresponds with the area of the distribution of osteo-arthritis. But I have already explained elsewhere why this should be so. (1) The toxines which induce abnormal pigmentation also have the property of causing rheumatic gout.

The xanthoma of septic goitre, of glycosuria septica and of purulent infection of the adrenals (Addison's bronzing) are familiar examples of the chromatic changes induced by chronic sapræmia.

A form of ptomaine pigmentation has been recorded by Dr. Jno. Macpherson. (2) of Stirling Asylum at Larbert, N. B., in an article entitled "Intestinal Disinfection," where he found that by destroying the toxines of the primæ viæ in lunatics by means of napthalin he could relieve insomnia and remove the morbid pigmentation of the skin which occurs in cases of melancholia. The relief given by Macpherson to his sleepless maniacs by rendering their intestinal canal aseptic, brings us naturally to the consideration of the influence of sepsis on

SLEEP.

It must not be taken that the absorption of septic matter is always an evil. We see certain persons who are always absorbing septic matter from dirty teeth or from neglected genito-urinary catarrh and yet who enjoy most vigorous health. This apparent contradiction is explained in the following way:

1. Degraded tissue-material in minute doses forms one of the normal stimuli of the heart; witness, for example, the exhilaration which follows exercise.

2. Larger doses over-stimulate the heart—athletic sleeplessness.

3. Overdoses cause profound sopor-toxic coma of extreme fatigue, of uræmia and of puerperal septicæmia.

Sleep is also secondarily disturbed by the distressing itching of the dermatitis septica which we call "nettle-rash." *Apis* and *Sulphur* relieve this. I have sometimes stopped it completely by giving a very hot bath followed by painting over the affected part, after patting, not rubbing, the patient dry, the following solution:

Cocain mur. gr. 2.
Chloral hydrat.
Glycerini ʒ i.

Camphor, instead of cocaine, and sometimes sal ammoniac will give relief. The smarting may be stopped by

Ichthyol gr. 20.
Collodion flexile ʒ i.

applied pure three times a day.

THE SKIN.

Disregarding the rarer and more recondite results of *sapræmia*, we will glance quickly at the ordinary superficial phenomena of passive poisoning by purulent products in female patients.

As the subject of chronic septic absorption enters the room, we are struck by her deathlike pallor. There are exceptions; some women become sallow, some bronzed, so as to resemble a case of Addison's disease or one of the other disorders connected usu-

ally with xanthelmasma; others present discrete spots of melanosis, the favorite sites being, as we have seen, the forearm and the face.

I have already noted multiple symmetrical petechiæ on the cheeks of the aged, which have disappeared on removing rotten teeth. Purpura has been caused experimentally by injecting toxines into the circulation. Scorbutic petechiæ are possibly of this nature. There are grounds, too, for looking upon general hæmorrhagic purpura as septic in origin. Acne rosacea will follow pyorrhœa alveolaris, and vaginal xanthorrhœa is often associated with pustules on the chin (acne menti). The rose spots on the abdomen of an enteric patient are probably of the same nature. It will be remembered that they do not appear during the first week of the disease; in other words, till there is time for the establishment of necrosis in the neighborhood of Peyer's patches.

Raimondi found the same atrophy and degeneration of the bone marrow in saturnine cases as appears to occur from septic causes in the course of male urethritis. A profound and inexplicable hydræmia should always arouse our suspicions of septic intoxication or of lead poisoning.

In old cases of septic invasion, the corner of the mouth is prone to show a fissure. This cracking of the lip commissure appears preferentially on the side of habitual decubitus. It is not quite so insignificant a matter as might at first blush be thought, for the act of opening the mouth becomes so painful that the patient would cease to eat unless the corners were protected. A strip of adhesive plaster serves sufficiently well for this purpose. I have in these cases tested the saliva both before and after food; I have found it acid even when escaping from the salivary duct, antecedent to its admixture with the mucus of the mouth. It is possible that the mere sub-alkalinity of the blood which passes through the cortex may induce various neuro-psychotic phenomena as ill-temper, headache, despondency, chorea or epilepsy. We know that the last of these is influenced by the various salts of *sodium* and *potassium*. This property, possessed by the alkalies, of modifying some nerve storms, may depend on mere chemical action rather than on any specific relation to the pathological condition. The advent of the epileptiform convulsion is aided doubtless by the contracted state of the cerebral arterioles.

We have been accustomed to view puerperal convulsions as in part sapræmic, but chronic idiopathic epilepsy, not unusual as a result of lead poisoning, is not ordinarily recognized as a septic symptom. Prof. J. C. Wood, late of Michigan University, has narrated the particulars of a case, and I have myself placed two on record. One showed petit mal associated with depravity, the other genuine epilepsy.

Recurrent nettle-rash, as well as lichen urticarus, especially the post partum form, should lead us to search for septic intoxication and to take immediate steps for its remedy.

Hyperidrosis of the hands, the feet and the axillæ is by no means uncommon in sepsis. Compare this with the localized sweats observed by Dr. Kent Spender in the course of osteo-arthritis.

Drs. Ord and Spender have also pointed out various sensory perversions as occurring in the course of rheumatic gout, itself often septic in origin. Such are lightning pains of the lower extremity, a sense of tearing up of the skin, spots of anæsthesia and of hyperæsthesia. These are common in septic cases. They serve to show that rheumatic gout is not merely a disease of the joints. Rheumatic tremors point in the same direction.

The temperature of the extremities rises during the chrondritic stage of rheumatic gout. *This increase in surface warmth is often diffused in the neighborhood of an articulation; it is not confined to the point of incidence of the arthropathy.* Afterwards the limbs are prone to be purple and chilled. The arterial tension is heightened at first by septine and is followed by increased vigor of ventricular contraction. But there is a later stage in septic invasion where the systole is defective, even to the extent of developing anginous symptoms, as I have more than once witnessed.

Mental solicitude and gloom are nearly always present in septic patients. The memory is sometimes seriously impaired during or after sepsis, as, for example, from enteric fever and diphtheria.

THE DIGESTIVE TRACT.

The septic tongue is peculiar, the type of acute sepsis being the enteric tongue; in chronic cases it may be coated, sometimes preternaturally clean, with raised irritable papillæ. Sometimes very thin at the edge, often œdematous, showing the marks of the teeth.

In acute sepsis, as after diphtheria, we may have pharyngeal paralysis; in acute saturnism, we get spasm of the pharyngeal constrictors; both are prone to be followed at the later stage in co-ordination of the muscles concerned in swallowing. Loss of appetite, resulting in emaciation, is common to both these poisonings. I have seen three cases of recurrent gastralgia, of six weeks', three years', and ten years' duration respectively, disappear on removing pus depots. We have seen that sepsin appears to possess the property of causing pain, called "gastralgia," in the terminal twigs of the anterior or ventral branches of the fourth, fifth and sixth dorsal nerves.

Drs. Pearson, Irvine and M. Pasteur have shown that death from diphtheria, especially in boys, may come from a paralyzed phrenic. This is confirmed by Suckling, of Birmingham. It is interesting as showing another point of contact between septic toxis and lead poisoning.

One of the last results of the old-established septic intoxication is hepatic disease of lardaceous type. In these cases the liver ceases to seize upon and change the various degenerative gastro-intestinal products, which now enter the general circulation and prove most pernicious, especially to the nerve centers.

THE EYE.

The eye symptoms of sepsin present a superficial resemblance to those of lead, but there is a deep-seated difference. The septic affections of the oculo-motor apparatus, generally, are familiar to us after diphtheria. There are good grounds for suspecting the existence of septic glaucoma. Dr. John Brown, of Bacup, Lancashire, England, in his graduation thesis, dated 1889, recorded a case of acute glaucoma, which, though the eye symptoms came on in the course of plumbism, may be viewed as saturnine. For it occurred in a woman fourteen days after her confinement, so it probably had septic elements in it. Mr. Lenox Browne, in his work on diseases of the upper respiratory tract, gives details of a very remarkable case of septic glaucoma. Mr. Browne quotes also some American observations on the same subject.

Sepsin is very prone to produce supra-orbital pain, sometimes symmetrical, more frequently sinistral,

rarely on the right side. The lead headache, when lateral, is on the right side. The actual recorded relation is 7 to 3. Asthenopia is common to both lead and sepsin. The defective vision of sepsin is usually an accommodation error of temporary character; but persistent blindness from optic atrophy has, more than once, followed poisoning by lead. It is curious that sepsin appears to pick out nervous and muscular structures and the choroidal coat. Lead first attacks the vessels (hypertrophic peri-arteritis) of the retina. This has been verified by John Couper. The observations of Dr. Rayner D. Batten make it likely that septic saturation may intensify myopia. Once I saw capsular cataract with descemetitis supervene in a man of forty, on ulceration of the gums, probably of specific character. Mr. Juler, of St. Mary's, tells me that he, too, has seen cataract co-existing with intra-oral suppuration.

THE EAR.

Ten persons, poisoned by lead, had tinnitus aurium, which is a common symptom of sapræmia.

An aching myalgia is very typical of septic poisoning combined with the "fidgets" (anæmia of anterior cornua), reminding us of saturnine muscle-ache, and of the actions of certain vegetable poisons, such as *Actæa racemosa*, *Arnica*,' *Eupatorium*, *Baptisia*, and *Rhus toxicodendron*.

We have seen that gastralgia of persistent type may arise from passive septic invasion. There is little doubt that many of these cases are associated with unsuspected gastric ulcer.

I shall seek in another place, and at another time, to show that there is a form of gastric ulcer related to Charcot's perforating ulcer and to chronic scrofulous sinus. It is a kind of circumscribed caries of the stomach analogous to dystrophic dental decay. It is a local necrosis of neurotic origin.

THE THYROID GLAND.

I have, in my work on septic intoxication, placed on record some curious examples of paludal and septic goitre. I say, in deference to ordinary modes of speech, "paludal" and "septic," though in reality these are identical. It may be supposed that marsh miasmata consist of products of decaying vegetable matter only. But a little thought will remind us that there is no swamp which does not teem with myriads of minute, short-lived animal organisms. These perpetually perish and become putrescent. Their toxines mingle with the products of decomposing vegetable life. Miasmatic invasion and septic invasion are, then, one and the same thing. The clinical history of the symptoms closely coincide and the same germicidal remedies benefit both. We have in ague a paralysis of the sympathetic with the natural circulation changes, and the same arrest of hæmato-poiesis as in passive septicæmia. The stress of ague may fall in women with its greatest impulse on the nervous system, in men on the articulo-muscular apparatus.

The influence of the miasmatic poisons may forsake the general nervous system and confine its effects to the floor of the fourth ventricle and thus lead to goitre. In the same way some persons exposed persistently to ordinary toxines will, instead of rheumatism or neuralgia, show a bronchocele with or without pro-ptosis.

The Presbyterian Hospital of Philadelphia.—The last will of Mrs. Martha Abbey gives to the institution the sum of $55,000. A part of this is to be received at once, and a part is reversionary upon the death of certain individual beneficiaries.

A SUPPOSED CASE OF ULCERATION OF THE STOMACH.

By W. L. WINNARD, M. D., Warsaw, Ill.

Mrs. C——, age twenty-eight, married nine years; has two children, five and eight years of age; came to my office last September, complaining severely of ulceration of the stomach, for which she had constantly taken medicine four years, but was rapidly growing worse. Said she was confident it was ulceration of the stomach, for every physician had told her so.

By questioning her carefully I got the following symptoms: Great soreness and tenderness in epigastric region and also in lower part of abdomen; bowels constipated; always complained of being bloated; could not wear corset or any of her clothing tight around her. Vomited frequently and always when taking anything into her stomach excepting lemonade or hot water. At times she would have severe retching and vomiting, more especially at the time of her periods, when she would vomit blood and mucus, and also some of a bilious nature. She suffered severe pains in her back and sides just before and during her menstrual period. The flow was dark, scanty, and of short duration. During the interval between her periods she was constantly bothered with leucorrhœa, which was of a yellowish and at times of a greenish nature.

She had never been well since the birth of her last child, and was greatly reduced in flesh, having lost thirty-four pounds.

After hearing such a clear history of the case I at once told her that her stomach trouble or "ulcer" was merely a reflex from some uterine disorder. This she quickly resented and left the office quite disgusted; but three days later she returned and consented to be treated as I directed. Upon examination I found an extensive bi-lateral laceration of the cervix uteri, with extensive ulceration and erosion, and stenosis of internal os; the uterus was enlarged, measuring four inches in depth. There was some metritis, the uterus being very sensitive and giving extreme pain upon the least touch. The irritability of the internal os was clearly shown by the severe pain and vomiting that would occur whenever an attempt was made to introduce a small uterine sound.

She was at once put on medicinal treatment, and after five weeks' local treatments, varying from two to three a week, I decided to operate to repair the laceration, etc. In this I was assisted by my partner, Dr. H. H. Lawrence. The parts were thoroughly douched with sterilized water and the internal os dilated from a very small uterine probe up to a No. 24½, Pratt's uterine sound. The endometrium was thoroughly curreted; it was found to have undergone a granular and cystic degeneration.

The scar tissue was tunneled out of the cervix, it extending so near the circular artery that each pulse beat could be readily seen. The inner surface of the anterior and posterior lips of the cervix were denuded, leaving a membraneous tract through the center for the canal. Eight stitches of cat gut were taken to coapt the lips of the cervix. The uterus was then packed with iodiform candle wicking for thirty-six hours, when it was removed. The temperature at no time exceeded 100° Far. The patient made a rapid recovery. It has been four months since the operation and she has gained twenty-seven pounds, is perfectly normal in her periods, and presents now no signs of "ulcer of the stomach."

Surgery.

STITCH ABSCESS.

By JAMES G. GILCHRIST, A. M., M. D., Iowa City.
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My good friend, Dr. Morley, refers to a recent report of mine, in which he uses the expression "great stitch-hole abscess." I think the term is possibly somewhat exaggerated, as, at this moment, I do not recall anything very notable in that particular about the case in question. I refer to the matter, however, for another reason. The doctor rather carries the implication, if not stating it in so many words, that such occurrences are rare in what he calls modern surgical practice. While there are cases, possibly many of them, in which dressings are allowed to remain from fourteen to twenty-one days and come off unsoiled, there are many that give quite a different history. I have had the privilege of witnessing quite a number of so-called "antiseptic" and "aseptic" operations by first-class operators, and with everything at hand that they deemed essential to their ideal results, and quite as often as otherwise, it seems to me, I have seen anything but "unsoiled dressings" in even four days time. Without insisting on the proportion too strenuously, certainly I recall many cases where the results, as to suppuration and prolonged convalescence, were simply awful, something that I literally never have. Dr. Morley is a scholarly man, an intelligent and observant practitioner, and with ample experience. He cannot be unfamiliar with the history of surgery for even a longer period than the twenty years he is writing about, and must recall numberless "facts," that were apparently as well authenticated as those he is championing that have passed out of sight and almost memory. He surely is familiar with the history of so-called asepticism, and can hardly claim fixidity for a philosophy that is as different from the teachings of that school, even six months ago, as Listerism was from the immediately preceding water-dressings, etc. We are not ready yet to dogmatize on the subject; the question is still in court, and the case has not even gone to the jury yet.

AN UNUSUAL CASE.

By H. M. WEED, M. D., Oshkosh, Wis.

I was called one night about one o'clock to a young woman in her first labor. There was nothing remarkable about the labor but when the child was born I was asked by the happy father as to the sex and was only able to answer that it was still in doubt. After making the mother comfortable I again examined the child and finally discovered a penis in its normal position at the base but simply grown completely and smoothly within the scrotum throughout its whole length. I could distinguish the glans through the integument and concluded to try and form a respectable penis for the young man.

I made a rectangular incision about an inch wide from the end of the penis back to the base. The penis had to be dissected out its entire length being adherent on one side to the testicle. After the dissection I drew the rectangular flap around the penis and united it on the under side with interrupted catgut sutures. I then drew the scrotum together and united it in the same manner. As I was tying the last suture urine passed from the urethra in a good, free stream.

The final result was all that could be desired, the young man being the possessor of a penis of ordinary proportions, having the appearance about the glans of one that had been circumcised.

Obstetrics.

QUADRUPLE PREGNANCY.

By J. WESLEY WALKER, M. D., Washington, Ill.
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I was called on the night of February 2 to attend Mrs. G. W., aged 41, in her thirteenth confinement. Her previous twelve confinements were single births, with nothing unusual about them. On my arrival, she informed me that "everything was not right," that she had had peculiar sensations and flowing spells for the last four months. I found, on examination, that the "waters had broken" before my arrival, and that the feet of a fœtus were presenting. Within one-half hour I delivered her of a well formed girl, and every hour for the next two hours the process was repeated, all were little girls, the three first being feet presentations, and the fourth a vertex presentation. In about an hour after the birth of the fourth child I removed the placenta, which was adherent, it being very large and irregular in shape, resembling an old style three cornered hat. The four cords came from a common trunk, which bifurcated about eight inches from the placenta surface. The fœtuses were all in the same amniotic cavity. They were all well formed, and weighed from three and one-half to four pounds each. They all lived to survive their baptism.

Materia Medica.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M. D., 170 W. 54th St., N. Y.
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Exalgin, whose chemical name is *Methylacetanilin,* is one of the newest fashionable Allopathic remedies which will cure, it is hoped, all the pains in the world. It is said to be harmless in doses of from four grains to a dram. But it has been found that even after smaller doses manifestations of cerebral excitement with subsequent collapse have been produced.

Clinically *Thuja, Conium* and *Secale* are valuable remedies for prostatic engorgement. *Conium* has "discharge of prostatic fluid on every change of emotion without voluptuous thoughts."

Gonococci are morbid products which especially develop in the gonorrhœal discharge which is a soil favorable for their culture, and which are an effect, not a cause, of gonorrhœa.—Jousset.

Kali nitricum has burning in the ovarian region only *during menses. Zincum* has ovarian burning *after menses.*—P. C. J. of H.

Oreodaphne Californica produces a dull ache in the occipital and cervical regions, extending down to the scapulæ; great heaviness of the head, with a constant desire to move the head, which, however, gives no relief.

Kali bichromicum is undoubtedly given oftener in diphtheria than it is indicated. The following four indications are sure ones:

1. Yellow coated, or dry, red tongue.

2. In the later stages of the disease, when the line of demarcation has formed and the slough has commenced to separate.
3. Tough, tenacious exudation.
4. Pain, extending to neck and shoulders.

Coccus cacti has a "minute gun" cough, and the cough of *Niccolum* is clock-like in regularity, and it is said that *Grindelia* cures a cough from habit.

Cistus canadensis is a useful remedy in throat troubles where there is dryness, rawness, tickling and pain. The dryness is marked; he must constantly swallow saliva to relieve it, and it is worse after sleeping. In the morning a tough, gum-like, thick, tasteless mucus, is brought up by hawking.

Ferrum aceticum, a dose given immediately after meals in anæmia and debility, is of great use in those children who grow tall rapidly, and are full of activity; this exhausts them and keeps them thin, susceptible, weak and pale.—J. C. Morgan.

Aurum met. cured a case of offensive odor from the mouth, the cause of which could not be discovered. It occurred in a young woman who had, in her childhood, suffered from scrofulous manifestations. The mental symptoms determined the choice.

Ferrum met. 30, one dose cured for Dr. Baltzer, of Stettin, a case of cough without expectoration, the peculiar feature of which being that the cough only occurred when the patient was up, and ceased entirely when lying. He had kept his bed several days to prevent it, but as soon as he got up, the cough came back. The cure by *Ferrum* was permanent.

Among the discoveries of the Allopathic school during the year 1893, the following culled from *Treat's International Annual* and *Sajous Reference Hand-book* are worthy to be noted: *Cantharis* as a remedy in nephritis and urinary troubles. In reference to this drug it is remarked that its use in urinary affections is to many practitioners a novelty and that full doses should not be administered. *Cuprum* is mentioned as a marvelous remedy in cramps of the muscles of the leg and abdominal cramps. The writer says it never fails—also a useful remedy in chorea; doses of 1-50 of a grain are recommended. *Ledum palustre* has also been discovered as a most excellent remedy in sub-acute gouty affections in skin diseases, such as gouty eczema for mosquito bites punctured wounds) and in whooping cough. *Calcarea sulph.* in tonsilitis. *Aconite*, *Veratrum* and *Digitalis*, of course in pneumonia. *Camphor* in colds. *Rhus* in rheumatic affections and psoriasis, and last, but not least, *Bryonia* in pleurisy, pneumonia and rheumatism, giving the tincture in water and a tablespoonful every two hours. Most of these drugs are recommended in the *British Medical Journal*.

The Healthiest Town in England is Croydon, which has a mortality of only 11.2 per 1,000 per annum. In Brighton, for the week ending February 21, there was a death-rate of 15.8, and in London 18.6. In the latter town there were 22 deaths from influenza for the week, an increase of three over the preceding week.

A Hygienic Exposition.—The Ninth Exposition of Hygienic and Food Products will be held in Rome in May. This annual exposition is organized by the International Association for the Advancement of Hygiene, having its headquarters in Brussels. Professor Caccelli, President of the International Medical Congress, has accepted the chairmanship of the governing committee.

Neurology.

SYPHILITIC ENDARTERITIS OF CEREBRAL VESSELS.

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The diagnosis of intra-cranial lesions is fraught with many difficulties which do not pertain to diseases located in other parts of the body, and it is often only by the most rigid system of exclusion that we are able to arrive at any conclusions tending to an accurate diagnosis of the case under consideration.

Lesions of cerebral vessels which come on gradually, will more often mislead us in our diagnosis than almost any other condition. It is on account of the slowness of their progress that we are apt to be so misled. In the case of a rupture of a vessel or of sudden occlusion, the merest tyro in medicine could tell what was wrong, but a gradually increasing thrombosis gives rise to so many varied symptoms that the most noted expert is liable to be mistaken in his conclusions.

Syphilitic endarteritis is a comparatively common condition and with a clear history of syphilis in connection with obscure brain symptoms one would perhaps be led to believe that its diagnosis would be rather an easy task, and so it would be, if the cases were all clear cut and similar in their manifestations. This condition may occur from one to twenty years after the initial symptom of syphilis has made its appearance, but probably the greater number of cases occur within ten years after the first manifestation of the disease.

The period of life during which syphilitic endarteritis most commonly occurs is between thirty and forty, while a large number occur between forty and fifty, and some after fifty years of age. The change which takes place in the arteries is a thickening of the inner coat which causes a narrowing of the lumen of the vessel, which may go on to complete occlusion.

The effect upon the brain of this change in the vessels, one can readily understand, would be that of lessened blood supply and consequent necrosis of the parts deriving their nourishment from the affected vessels. The vessels most often implicated are the basilar artery, the vertebral and the posterior cerebral, and all arteries constituting the circle of Willis may be implicated, but these mentioned are the ones most commonly affected.

The symptoms can be most readily given by stating a case which came under my observation and treatment some years ago.

Dr. W., a dentist, 63 years of age, applied to me for relief from severe and continuous headache situated at the base of the brain, but at times extending over the whole head, in the early part of 1890, from which he had been suffering for many years. The pain was of a dull, heavy character, accompanied by much dizziness; worse when in an upright position, and also after some hours sleep; better after being in bed for a while, during which time he would go to sleep, only to be awakened at 3 A. M. by the same continuous pain. He was an exceedingly bright man, mentally, and was a successful practitioner of his profession. He was of medium height, rather slender build and of nervous temperament, weighing about 130 lbs., and with the exception of the headaches had never been sick in his life.

Fifteen years before he came under my care, he

contracted syphilis. After the initial lesion had passed away he had the secondary symptoms consisting of sore throat and a most profuse eruption, covering the whole body. These symptoms passed away in two or three months, and he was perfectly well, until about five years afterwards, when he contracted the disease for the second time. The same symptoms occurred as after the first inoculation. Soon after the second manifestation of the disease, the headaches commenced and had continued uninterruptedly up to the time he first saw me. He had been under old school treatment for three years without receiving any benefit. He had taken large doses of *Iodide* of *potassium* and also of *Mercury*, but they only seemed to increase his sufferings.

I was able to relieve him materially, very quickly, by the use of such remedies as *Arsenicum*, *Kali iodatum*, *Iodine*, and others which just now I do not recall. I determined, upon my first examination, that the headaches were due to anæmia of the brain, which I attributed to a general impairment of the system by the disease from which he had been suffering, and on account of the readiness with which he responded to the treatment which I gave him, my opinion, as to the cause of the trouble, seemed to be confirmed.

After three months' treatment I discharged him, apparently cured. Two years later he sent for me, as he was suffering from a severe attack of shingles. The neuralgia was acute, and severe, and his general health seemed to be very much undermined. He had lately been suffering from a return of the headaches, and with the addition of this other disease, he was really in a pitiable condition. In a few weeks all effects of the shingles had passed away, and the headaches had been greatly relieved.

From this time on, I kept him under constant observation. About six months after this attack he suddenly lost all power of speech, for a period of three days, which was due to a temporary bulbar paresis. It gradually returned, however, and two weeks after, all traces of the trouble had passed away.

These attacks of loss of speech occurred and recurred at irregular intervals until the time of his death in August, 1893. The headaches, in the meantime, were gradually growing worse, and I was able to help him very little. Accompanying them was a most intense vertigo, which, at times, prevented him from standing erect, and several times upon attempting to walk, he fell to the floor. There was always a tendency to turn to the right, and if he had not used a great amount of will power, he would make circle after circle. If he wished to go through a door, he had to fix his eyes upon a point far to the left of the doorway, and, even upon that calculation, he would bring up against the right door sill.

About a month before his death he lost all power of speech and did not recover it again. He understood perfectly what was said to him, and could answer questions intelligently by writing. Deglutition was also greatly impaired by this last attack, and it was only with great difficulty that he could swallow at all.

About this time a most severe attack of neuralgia of the left trigemenal nerve occurred, which caused him intense pain. The whole left side of the head was affected, and the inferior maxillary branch of the fifth nerve was irritated to such a degree that it was with difficulty that he could separate his jaws. At the same time there was a paresis of the left side of the face. At no time was there any paralysis of the extremities or any convulsions.

Three days before his death he passed into a comatose condition and remained so until the end. The temperature during this time varied from 102 to 105.

The post mortem examination revealed the following condition of affairs: Stenosis of the vertebral, portions of the basilar, posterior-cerebral, and transverse arteries of the "left" side, due to an endarteritis, evidently of syphilitic origin. There was an extensive area of softening of the pons extending from its anterior to its posterior border on the left side. The other portions of the brain seemed to be in a normal condition with the exception of a slight area of softening in the left hemisphere of the cerebellum. This condition of affairs explained satisfactorily the cause of all his symptoms.

The stenosis of the arteries mentioned diminished the supply of blood to the parts to which they were distributed, causing an acute softening of the pons. The blood supply of the pons, medulla and cerebellum is derived from the basilar and vertebral arteries. The vertebrals supply the radicular branches of all of the bulbar nerves, and if there be any obstruction in these vessels, there would be, naturally, a necrosis of the nucleii of the bulbar nerves, which would give us the symptoms manifested in the last stage of this case.

The symptoms in any other case of cerebral endarteritis may be similar to those described in this case or they may vary in many ways. There may be a sudden rupture of the vessels, due to atheromatous degeneration, or there may be an aneurism formed, which would lead to symptoms of tumor, but in all cases, anæmia, of at least a part of the brain, will be manifested in a greater or less degree. One of four conditions must be present in order to produce cerebral anæmia: either a vaso-motor contraction of the blood vessels, preventing the blood from passing freely into them, or an endarteritis, or pressure upon a large artery by a growth or foreign substance, or a general impairment of the system, caused by disease, or loss of blood. Whenever there is a persistent anæmia of the brain, accompanied by a history of syphilis, we would be lead to believe that there is either an endarteritis or a syphilitic growth occluding a large vessel. On account of the severe facial neuralgia which occurred in the case cited, a week before death, I was in doubt as to whether I had a tumor to deal with as well as a thrombosis.

The treatment in these cases is usually unsatisfactory, especially in the last stage of the disease, but a great deal may be done with our homœopathic remedies in ameliorating the condition. It is said that we must never prescribe for a pathological condition, but that we must take the totality of symptoms and prescribe for them without regard to the cause of the symptoms; but in a case of this kind, it is absolutely essential to know the pathological condition as it will lead us to a correct method of prescribing.

We know that *Iodide* of *potassium* acts upon the coats of the blood vessels and does a great deal for us in these cases. To my patient the large doses given by old school physicians evidently did harm. Sometimes it is necessary, even for us, to use large doses but oftener the second decimal dilution will do more than the crude drug, administered in massive doses. It is first necessary to prescribe for the general condition, in order to tone up the whole system, and in that way increase the vital forces.

Such remedies as *Arsenicum*, *Argentum nitricum*, *China*, *Calcarea*, *Ferrum*, *Phosphorus* and *Sulphur* will be most frequently used. A liberal diet, rest,

and freedom from care, as much as possible, are necessary essentials.

Institutes of Medicine.

EXCURSIONS IN THE DOMAINS OF THE PHYSIOLOGICAL MEDICAL SCHOOL.

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FIFTH PAPER.

Blood Serum or Salt Injections.—These two remedies, which were particularly in fashion during the epidemics of 1892 and 1893, have also suffered the same fate as calomel.

A. *Blood Serum.*

1. In the *Berliner Kilnik* of September, 1892, Dr. Hans Arenson, in his article "The Foundation and Prospects of the Blood Serum Therapeutics," speaks of this treatment in the following terms:

"We must recognize that we have failed in our hopes of having found in the treatment with blood serum, if not a cure, at least a preventive of cholera. Our hopes seem plausible, having been built upon the experiments of Lazarus, Pfeiffer, Wauermann, Metshnikoff and Sabernheim; nor have the recent expectations of Pavlovsky and Buchstal been fulfilled. They had nursed the hope of obtaining immunity by means of dog's blood serum, but the curative attempts of Lazarus, made long before with much more efficacious material, had already given nothing but negative results.

2. It is said in a correspondence of the *Wratch* (1892, No. 36, p. 920) that Lesage, in Paris, recommends artificial blood serum, prepared according to the indications of Hayem. It consists of *Aqua distillata*, grm. 1000, *Natrum muriat.*, grm. 5, *Natrum sulphuricum*, grm. 10; this concoction is heated to a temperature of 38 deg., 40 min., Celsius, and injected into the veins in a dose of 500 grm. It is striking to see the instantaneous revival of the patient in the stadium algidum. At the same time hot baths are applied, and the patient has to take a lemonade prepared according to the prescription of Hayem, and composed of 800 grm. water, 200 grm. sugar syrup, and 10-15 grm. of lactic acid. Thanks to this treatment, the per cent. of mortality, which till then had been 65 per cent., decreased to 47 per cent.

B. *Salt injections.*

1. In the *Medicinischen Wochenschrift* of the 8th of September, 1892, Dr. Oscar Silhermann proposes to make the injections into the arteria radiclis, instead of the vein filled with incrassated blood. Experiments had only yet been tried upon animals, and not upon human patients.

2. In the *Bulletin Medical* of the 28th September, Dr. Gaillard communicates his experience of intra-renal injections made into the V. saphena. He used a mixture of 5 grm. *Chlor-natrium*, 10 grm. *Sulphate of natrum*, dissolved in 2 litres distilled and sterilized water. His per cent of mortality is 45 to 55 per cent.

3. In the *Deutschen Medicinischen Wochenschrift* of the 8th September, 1892, Dr. Barth proposes to make salt injections into the bladder. He considers this the only means of salvation, as the stomach and intestines are inert during the cholera. He founds his opinion upon the supposition that the minimum content of urine in the bladder and the anuria do not proceed so much from inactivity of the bladder as from the vapid absorption of fluids.

The different opinions as to the efficacy of these remedies is as follows:

For.	*Against.*
Lesage. Artificial blood serum revives wonderfully. (See Blood Serum and Salt.)	Arenson. The expectations founded upon blood serum have not been justified. (See Blood Serum and Salt.)
In Petersburgh the treatment is current. (See Curative Plans.)	Alexinsky finds subcutaneous salt injections a failure. (See Tannin.)
Silhermann proposes intra-arterial injections. (See Blood Serum and Salt.)	Wakhovitch entirely rejects subcutaneous injections. (See Curative Plans.)
Gaillard speaks in favor of intra-venal injections with a mixture of salt and sulphate of soda. (See Blood Serum and Salt.)	Fedoraff finds that the salt injections are not applicable to the treatment of peasants.
Barth proposes salt injections into the bladder. (See Blood Serum and Salt.)	Rieder. Salt injections have no effect. (See Confessions.)
Lauenstein praises the results. (See Confessions.)	Fraenkel. Water injections are not efficacious. (See Confessions.)
Vinogradoff recommends abundant subcutaneous injections of salt mixed with soda. (See Calomel.)	Schede. The salt injections are not to be trusted. (See Confessions.)
Skoritchenko considers that the best treatment is the washing out of the intestines with artificial serum. (See report about Skoritchenko's article in the beginning.)	Simmonds. Salt injections are not harmless; they cause abscess of the lungs, kidneys and heart. (See Confessions.)
	Rumpf. Subcutaneous physiological salt injections are inferior to the intra-renal, and the action of the latter is also not lasting. (See Confessions.)
	Ikovitchenko. Salt injections are injurious. They cause paralysis of the heart and abscesses. (See Confessions.)
	Richardson paints a desperate picture of the effects of injections. (See Confessions.)

Another current remedy, of which great results were expected, is *Tannin* principally used as enteroclysis. Its efficacy has also called forth differences of opinions.

1. Dr. Alexinsky communicates in the *Wratsch* (1892, No. 34, p. 865) that since the cholera has broken out in Yaroslav, he has tried without the least success different methods of treatment, among others subcutaneous salt injections and the curative plan proposed by Prof. Parlovosky. The only good results he can boast of are those obtained by Cautani's solution of *Tannin*, which he uses as clysters and for washing out the stomach. After the stomach had been washed out, twenty drops of a mixture of equal parts of *Sulphuric Ether* and *Tincture Valeriana aetherice* were given every hour alternately with powders containing 1-10 gr. *Calomel*, 1-10 gr. *Opium* and 5 gr. *Bismuth nitricum*, and had a most beneficial effect. The patient was ordered to take at the same time cognac, port wine and red wine.

2. The *Lancet* of the 24th September, 1892, announces that the English Physicians' Medical College has issued directions for the treatment of cholera with clysters of *Tannin*. The *Lancet* observes that it is very far from being proved that these clysters are beneficial. What is much more important for the people during an epidemic is not so much the medicines as the nursing and supervision of a doctor. The indication of single remedies is useless. The masses want nurses and doctors, but not medicines.

Let us examine the pro and con and we will see

that the efficacy of this remedy is neither more nor less than that of the other drugs used in the treatment of cholera.

For.	*Against.*
Alexinsky has only seen good results from tannin clysters. (See Tannin.)	The *Lancet* doubts its efficacy. (See above.)
Sokoloff recommends copious clysters of Tannin. (See Curative Plans.)	Meyerovitch considers that it does more harm than good; that it causes paralysis of the heart. (See Laparotomy.)
In Petersburgh Tannin clysters are in great vogue. (See Curative Plans.)	Fedoraff finds the clysters inapplicable in a village practice.
Wakhovitch. Destruction and neutralization of the cholera cacillas and their poison are obtained by no better means than by enteroclysis of Tannin. (See Curative Plans.)	Rieder finds them ineffective. (See Confessions.)
Alexsieff approves of Tannin. (See further on, Calomel.)	Tvaukel says that the clystero of Tannin are a failure. (See Confessions.)
Tishkoff recommends hot enteroclysis (40 cels) with Tannin. (See further on, Calomel.)	Schede finds them inefficacious. (See Confessions.)
Andreesen proposes Tannin for rinsing the stomach. (See Rinsing of the Stomach.)	Eisenlohr finds Cantani's enteroclysis inefficacious. (See *Ibid.*)
Martin Hahn has seen the best results from Tannin enteroclysis, even in the stadium algidum. (See Salol.)	Skoritchenko finds Cantani's efforts to stop cholera useless. He finds the enteroclysis superfluous and irritating. (See the report about Ikeritchene's article in the beginning.)
Lauenstein has seen good results only from Tannin and salt injections. (See Confessions.)	Rumpf has discarded them altogether.

I do not think that I indulge in too daring a supposition in attributing to a chemical speculation the recommendation of *Salol* as a remedy against cholera. It is a known fact that *Salol* does not undergo any alteration in the stomach, and is only dissolved in the intestines, when it comes under the influence of the pancreatic juice; it is then divided into two stuffs, *Salycic acid* and *Carbol*, both disinfecting. If one is at fault the other can prove useful, or perhaps both together will reach the aim, if only *Carbol* does not play any sly tricks and call forth critical symptoms of intoxication, which also may happen sometimes.

The following fragments have been collected from medical literature at hand:

In the *British Medical Journal* of the 1st of August, 1892, Dr. James Couldry proposes to stop the cholera with *Salol* combined with *Chloroform* and *Morphine*. *Salol* had already been previously recommended by Hehis Nicholson, Stevenson and others. (See *Wratsch*, 1890, p. 802.)

2. In the *Deutschen Medicinischen Wochenschrift* of the 11th of August, 1892, Prof. W. Loewenthal reminds his hearers of the fact that he had already proposed *Salol* against cholera, in 1889, guided by his experiments in the laboratory. Dr. Francis T. Gonzales y Salvador treated with *Salol* 53 patients in the Phillippine Islands. He lost only 3, therefore 6 per cent; whereas 45 per cent of mortality is the normal number in other treatments.

3. In the *Therapeutischen Wenigkeiten*, No. 31, Dr. Metropolsky speaks favorably of *Salol*, which he has used in many cases in a dose of 5 gr. every hour, and has given at the same time, also every hour, a tablespoonful of a mixture composed of 20 drops of *Tr-Opii simpl.*, 1 ounce of diluted *Muriatic acid*, and 6 ounces of a decoction of *Walvae ritundipolia*. The whole produced an excellent effect.

4. In the *Berliner Klinischen Wochenschrift*, of the 9th of September, 1892, Dr. Martin Hahn communicates that during the cholera epidemic at Astrakhan, at the mouth of the Volga, which falls into the Caspian Sea, he has seen excellent results from *Salol* and enteroclysis, even in the stadium algidum of the cholera.

The different opinions as to the results of the treatment with *Salol* are as follows:

For.	*Against.*
Sakaloff gives the preference to Salol compared with Calomel. (See Curative Plans.)	Wuissokovitch denies the anti-bacterial effects of Salol. (See Curative Plans.)
In Petersburgh it is used frequently. (See Curative Plans.)	In India they are very indifferent to the treatment with Salol. (See Confessions.)
Wokhovitch says that the inocuousness of the bacilla is obtained by Salol or Naphtalin. (Is it the same, which? Rep.) (See Curative Plans.)	Rieder denies its effects. (See Confessions.)
Martin Hahn has seen the best results. (See Salol.)	Rumpf—Subcutaneous injections of Salol are founded upon misty theory. Salol has proved quite useless. (See Confessions.)
Loventhal has only lost 6 per cent., and Mitropolsky has seen excellent results. (See Salol, for both.)	Levashoff complains of its uncertain effects. (See Calomel.)
James Couldry proposes Salol, which was already recommended by Hehir, Nicholson, Stevenson. (See Salol.)	
Aleksieff says that it serves as a disinfectant when combined with Bismuth. (See Calomel.)	

The following remedies differ from the preceding by their form of application, and they have not the importance of a separate system.

Rinsing out the stomach with a *Tannin*.—The St. Petersburgh *Medicinische Wochenschrift* of the 5th of September, 1892, contains an article of Dr. Andrensen, who proposes rinsing out the stomach with *Tannin*, upon the theory that the cholera poison is secreted through the mucus membranes of the stomach, on account of the inactivity of the kidneys and the skin. This has been proved by the subcutaneous injections with morphium. (See also what Alexinsky says about *Tannin*.)

Boracic acid.—La Semaine Medicale of the 9th October, 1892, reports that Prof. Hayem has communicated to the Academy of Paris his treatment of the cholera in the stadium algidum. He begins with rinising out the stomach with diluted *Boracic acid*, using at the same time hot baths, at 46 deg. Celsius, and making intra-renal injections with artificial serum. He adds that this treatment has given him a per cent of mortality of 46 per cent. Which in this case is the efficient remedy? Is it *Boracic acid*, serum or baths? That is the question! (Rep.)

Application of the remedy in the form of steam:

1. In the *British Journal* of the 24th of September, 1892, Dr. H. L. D. advises to use in cholera inhalations of steam to keep up the circulation of the blood, and particularly that of the capillaries in the lungs.

2. In the *Wratsch*, 1892, No. 36, p. 919, Dr. Stanislavsky of Smolensk recommends in cholera baths of vinegar vapors. The patient, well wrapped up, is placed upon a cane chair, under which is put a hot stone or a red hot piece of iron, upon which vinegar is poured; this stone calls out abundant perspiration.

Practice of Medicine.

BILIARY CALCULI AND HOMEOPATHIC REMEDIES.

By S. G. A. BROWN, M. D., Shippensburg, Pa.

On December 23, 1892, Mr. A., a laborer, of robust frame, aet. 49, was suddenly taken ill two miles from home, with what he termed "cramps." A friend gave him three drachms of laudanum which he took at one dose. He then started for home, stopping every few hundred yards to vomit, leaning against his wagon for support. Having reached S.——— some "friends" gave him a pint of whisky which was telescoped like the laudanum. He immediately was taken with a paroxysm, more severe than any previous one, and I was hastily summoned. I immediately ordered him taken home, accompanying him. His symptoms picturing *Colocynthis*, I gave him that drug in repeated doses, using the mother tincture.

No palliation ensuing, *Morphine* was administered hypodermically in one-eighth grain dose, every ten minutes for one hour. The pain continuing to be excruciating, I next administered *Chloroform* by inhalation, hoping in that manner to give relief until the calculus had passed into the duodenum—for a calculus it surely must be!

Allowing him to regain consciousness every half hour, I found him to be suffering as greatly as ever. This continued for twelve hours, notwithstanding I had been administering different remedies, and *Morphine*, hypodermically, every ninety minutes. Becoming somewhat alarmed, I ordered the men who were with him to continue the hot fomentations to his abdomen—which had been placed there from the first—while I went to my office, but strictly forbade them to administer anything else, internally or externally. Upon arriving at my office, I opened Gatchell's Keynotes, and read: "*Calcarea carb.*[30] Give frequent doses every fifteen minutes, during paroxysm, to relieve pain," and below a note by Dr. Hughes, which said: "The effect of this remedy was something marvelous, and it has never failed me." I returned to my case. He was raving like a mad-man. I put ten drops of *Calcarea carb.*[30] in half a glass of water and gave him a teaspoonful of it. The effect was magical. In ten minutes he was quiet. I administered another dose of the magical fluid, and in five minutes more he would have slept had I permitted him to do so. All pain had disappeared; only a soreness remained, for which *Nux vomica*[64] was prescribed. Upon visiting him six hours later I found that his bowels had moved and with the evacuation had been passed three gallstones. They were quite large, and rather rough in appearance being irregular in contour.

About a week later I was called to prescribe for a lady suffering with the same affection. I prescribed *Calcarea carb.*[30] in water with a like beneficial result.

On July 5, 1893, Mr. A. had a recurrence of his old trouble with renewed vigor. *Calcarea carb.*[30] in water, was administered and in twenty minutes he was sleeping, from which he awoke two hours later without a vestige of pain, excepting a slight soreness in the right hypochondrium. Four ounces of olive oil were given daily for three days when the bowels moved and several calculi were passed.

Now, why this action of *Calcarea* upon the biliary ducts or calculi? As we all know, the coats of the biliary ducts are two, namely, external or fibrous and internal or mucus. The fibrous coat of the cystic and common ducts consists of a strong fibro-areolar tissue, and some muscular tissue, arranged in a circular manner about the ducts. The mucus coat is lined with columnar epithelium, while numerous mucus glands are scattered irregularly throughout the larger ducts. The nervous supply is derived from the cystis plexus of the hepatic which springs from the coeliac plexus of the sympathetic solar plexus.

Gallstones are composed principally of cholesterine, with some epithelium and mucus from the biliary passages. Other constituents are biliary acids, carbonic acids, lime, soda and magnesia. They may be homogeneous but are usually made up of a nucleus body, and a crust. The body encircles the nucleus, which is often composed of bile-pigments; in rare instances a foreign body as a globule of mercury* forms the center. These stones vary greatly in size and contour. Not only have they obstructed the cystic and common ducts, but also the bowel itself. Koerte † has operated upon three cases in which the bowel obstruction was due to a calculus.

Now we have been taught by theory and experience that *Calcarea ostrearum* "acts primarily upon the vegetative system, exciting moderately the functions of secretion and absorption;" also that by impairing the nutrition of various organs it favors a deposit of earthy salts, and alters the composition of the blood. Among symptoms elicited from its provings are, "tight clothes about the hypochondria are unbearable; pressure in the hepatic region with every step; stitches in the hepatic region on stooping; relieves pain attending passage of biliary calculi, etc."

Does the drug show its homeopathicity by dissolving out the calcareous and earthy portions of the calculus, thereby rendering it smaller, and less resistible; or by its action upon the mucus glands in the ducts does it, through irritation, cause an increase of secretions, and thus render the passage of the stone more easy; or, by its action upon the nervous system, cause a relaxation of the circular muscular fibres of the duct, widening the lumen and allowing the stone to pass through; or cause clonic contractions of the muscular fibres, forcing the stone through? The latter is highly improbable, because of the accompanying pain. Nevertheless, though its action be obscure, the result is magical, and I would recommend it be given a trial.

CONVULSIONS—CLINICAL.

By J. B. BUCKLEY, M. D, Denver, Col.

CASE I.

In the first case which I have to report there was nothing serious or scientific, but it is not of so very common occurrence. Was called to see Mr. T., age 63, about 10 P. M., and found him in convulsions. He is a large, strong man, six feet tall, weighing 190 lbs.; brick contractor by occupation. When in the paroxysms it required the combined efforts of four men to keep him on the bed. They were tonic in character and recurred about every fifteen or twenty minutes. In the interval he complained of a pain in the left side. I learned from a member of the family that he was subject to these attacks, the

* Franconneau Dufresne, Précis des Maladies du Foi, etc., Paris, 1856.

† Muenchener Medizinische Wochenschrift, 1893.

last having occurred about three years previous. A short conversation with the patient earlier in the evening gave me the key to the situation. In relating a bit of his domestic experience he wept like a child. So when I was called late in the evening to attend him and found him in convulsion, I at once suspected that hydra-headed monster—hysteria. I at once administered hypodermically ¼ gr. *Morphia Sul.* in combination with 1-150 of *Atropia*, and in the course of two hours gave three more similar injections which relieved the convulsions, but did not put the patient to sleep, which was conclusive evidence to my mind that the suffering was intense and real, though produced by mental irritation, the most prominent of all causes of hysteria. Later the patient slept, waking in the morning comparatively well, with the exception of retention of urine, which was relieved by a few doses of *Cantharis*.

CASE II.

The next case could not properly be classed under this title, but considering the patient was in convulsions when I was called to it, you will pardon the liberty of so reporting it.

Was called to attend baby P., one year old. The mother had noticed for a day or two that baby was not just exactly well, and the bowels were constipated, but she felt no alarm. When I first saw the child she was in a convulsion. They began with muscular twitchings clonic and ending with severe tonic contractions, recurring from fifteen minutes to half hour apart, and lasting for six hours. Being only a child, subjective symptoms were unattainable. But in the intervals there was almost continual motion of a hand or foot or both with contraction of the pupils, likewise a chewing motion of the jaws which was more noticeable later than at this time. There was strabismus very marked for several days, and not wholly corrected for several weeks. Temperature 105 in axilla, and pulse hardly to be counted. The next day pulse and temperature about the same, stupor and excitation alternating. Later there was collection of mucus in the larnyx, with choking, strangling cough, indicating an impending paralysis of the larynx; also a paresis of the lower extremities. For several days child was unable to nurse, but would swallow or allow liquids to run down the throat when placed in the mouth. The head was very hot and breathing irregular. From the symptoms which I have given it may not be possible for you to arrive at the diagnosis which I have given—*Basilar Meningitis*—but on the contrary I would naturally expect a difference of opinion, for some authorities go so far as to say that without a *post mortem* it is impossible to determine what part of the brain is affected, which in this case I am happy to say was not admissible. However, we can hardly admit so much, for cerebral localization is one of the wonderful advancements of the present age in medicine.

In affections of the convex surface of the brain we get disturbances in the functions of motion, sensibility and intellectuality, while in inflammation of the base the effects are manifested by the nerves of special senses and the cranial nerves. As in this case we have the strabismus and alteration in the timbre of the voice. The disease with which this case might be confounded would be circumscribed encephalitis, but it is altogether a milder disease, none of its symptoms being so violent as in meningitis. The exciting cause in this case was dentition. The prognosis is always bad, especially in cases accompanied by strabismus and other paralytic affections. Prof. Flint records several cases of recovery in which there was strabismus, coma and hemiplegia. Hammond records eleven deaths out of thirteen strabismatic cases.

The treatment in this case was begun before I arrived. The immersion of the child in a hot bath. I ordered an enema of hot water, and sinapisms applied over the cervical region and epigastrium. The remedies given internally were *Belladonna, Cicuta, Veratrum viride* and *Passiflora*. The *Veratrum* was used continuously while the fever lasted which was about six weeks and the temperature gradually fell from the 105 degrees to the normal point. I alternated at various times with the *Veratrum, Causticum, Calcarea phos., Strychnine et Ferrum citrus, Arsenicum*, and *Chamomilla*.

CASE III.

Puerperal Eclampsia.—Mrs. H., age 23. Primipera, was awakened with labor pains April 29th at 1 A. M., and I was summoned half hour later, and at 3:30 she was delivered of an eight-pound girl baby, being in active labor less than two hours. The placenta was slightly adherent, but was delivered without any great difficulty, and with no hemorrhage. A half hour later, I bid her good morning, resting quite comfortable; visited her about 11 A. M., when she complained of a throbbing headache; gave *Belladonna*, with directions if not better in three hours to report at office.

2 P. M. Headache worse; some fever. Sent a few powders of Antikamnia and continued *Belladonna*. About 4 P. M., twelve hours after the birth of the child, a messenger rushed into my office saying my patient was in convulsions. When I arrived the paroxysm had passed, but she had not yet regained consciousness and was frightened at my appearance in the room. As soon as she became rational I learned that the throbbing headache continued; the face was flushed; gave *Cicuta virosa* and directed she be kept perfectly quiet. At 11 P. M. was called, messenger said my patient "had the same thing again." After my arrival had not long to wait until she went into another paroxysm which was tonic and violent. I changed the remedy to *Hyoscyamus* then to *Stramonium, Nux vomica* and the much advertised *Passiflora* in drachm doses of the tincture, and which by the way, in my experience in different cases I believe to be of just a little less value than cold sassafrass tea. I applied cold to the head and heat to the feet; the temperature was below normal or I should have given *Veratrum viride*. I then advised counsel, and Dr. Burnham was called. We changed the remedy to *Lachesis* without result, then gave 15 grs. *Bromide of Potash*, and in the next two hours I gave two drachms more, but the convulsions continued to come.

I then believed my only hope was in the "hot pack," which at that time I had never known to be used in those cases, but which I believe some authorities do advocate. On account of her struggles it was necessary to anesthetise her, and I was ready to give it anyway, anything on the face of the earth to stop those convulsions, for the family began to wish each paroxysm would take her off, so agonizing was the sight. She was put in the pack and kept there for six hours with just enough chloroform to keep her unconscious. No more paroxysms recurred. During this time Dr. Peck came to my assistance and we removed the pack, gave a hypodermic of *Morphia*. She remained passive for some time, but did not regain consciousness. Later she showed

signs of weakness and passed into profound coma. We gave whiskey hypodermically, and applied electricity, but without apparent benefit. Mucus collected in the throat and the breathing became sterterous. We believed our case utterly hopeless and Drs. Burnham and Peck left me. I continued to give the stimulants and added *Digitalis*, not that I expected any benefit, but to satisfy the family. In ten hours she showed slight indications of reviving. I turned her on her chest, shook her quite violently to clear the throat of mucus, placed a little water in the mouth, and she made an effort to swallow. I took the temperature in the axilla and found it 104⅘ degrees. I at once administered five drops tincture *Veratrum viride*. In 30 minutes I gave three drops more, then alternated every half hour with *Stannum mur*. This was the morning of second day. Dr. Peck again saw the case in consultation. I passed the catheter, obtained a small amount of urine, boiled it and found about one-third albumen. We continued the *Veratrum* in alternation with *Mercurius corr*. The temperature gradually fell and albumen decreased. About the fifth day patient had slight chill with profuse sweats when she slept. The lochia was quite profuse. I gave *Helonias* and *Sabina* in alternation with 3 grs. *Quinine* every two hours for a day. Improvement has continued except slight increase in albumen. Substituted *Mercurius corr*. 6 x for *Sobina*. Two weeks and three days after birth of child milk appeared in the breasts. The diet has been milk and vindone. The patient at present would, generally speaking, be considered well. Her gestation apparently was all that could be desired. She was advised by a relative practicing physician while traveling in the East that if the feet, hands, or face became swollen to have her urine analyzed. But no such symptoms occurred. Her husband requested she should do so any way. She simply remarked that it was no use, she was perfectly well. Evidently the albuminuria appeared only a short time before confinement. I have since learned she had a serious albuminuria following scarletina when a child, which no doubt was a predisposing cause when she became enciente. While in the "pack" hot water bags were placed about her to maintain the heat, several of these accidentally came in contact with her, which the attendants failed to notice and several large burns ensued, causing sloughing of the skin, great pain and annoyance, and very probably aggravating the albuminuria.

[Note.—It is unfortunate that this contributor did not stick to Homeopathic treatments and the single remedy. Recital of cases of the character of these is of but little value to the Homeopathic physician.—Ed.]

MEDICAL CENTURY CLINIC.

Psoriasis — Petroleum.— Case I.—A man 44 years of age, who had suffered for over twenty years with what he called chapped hands. The trouble was always worse in cold weather. The back of the hands and thumbs the parts most affected. There was a great deal of itching. The cracks were wide and deep. All about these cracks the integument was dry, and he would pick it off in flakes, sometimes causing bleeding. After showing me his hands, he told me he was an architect, and used a good deal of *Graphites*, but said he had suffered before using this remedy. I gave *Petroleum* 3d, which in two weeks resulted in a complete cure.

Case II.—A man about middle age, who presented nearly the same symptoms as the above, viz: itching, cracks, wide and deep, skin dry and came off in flakes, and always worse in winter, was given the remedy in the 6th, with equally good results.

Case III.—I was in the office of Dr. D. W. Dickinson when a patient came in, presenting all the above symptoms, except that the cracks were not so deep. Dr. Dickinson gave him *Petroleum*, and has since reported that a cure was effected.

Des Moines, Iowa. George Royal, M. D.

Pneumonia.—In Vol. 3, No. 4, page 80, of the Medical Century, E. E. Whitaker, M. D., Newport, Vt., gives his treatment of La Grippe, which is very good from a Homeopathic standpoint; but farther on he gives us his treatment of pneumonia, which is a mixture of *Aconite and Veratrum viride*. I was educated in the old school and practiced that system of mixing medicine for sixteen years, and becoming disgusted with it, turned to the single remedy and minimum dose, and for the last twenty-four years I have been in Homeopathy, and whenever I hear a man talk, or read of it in a medical journal, that mixing medicines is his way I get disgusted with his advice and conclude he is not a close student of the Materia Medica. Now I will give Dr. Whitaker this clinical fact if he wishes to prescribe tincture of *Veratrum viride* in pneumonia, and he will be in line of a Homeopathist; to an adult, commencing with two drops every two hours, increasing a drop to each dose until it nauseates and produces moisture, then drop back to one-half the dose and continue ad libitum. He will find the temperature and pulse will come down, and respiration will be easier. (I never had to give higher than eight drops of Norwood's tincture.) I learned this when I was an "old school." I give it from that standpoint. I had excellent success with it internally, and externally wrapped the chest with a warm cornmeal poultice.

But since I have become a Homeopath I have learned a better way. I rely more on *Aconitum* at the start, second dilution ten drops in a glass half full of water, two teaspoonsful every one, two, or three hours, as the case may demand and according to the indications. I often have to use *Bryonia* 3 x, *Tartar emet*. 3 x and *Phosphorus*, but where the lungs are greatly involved, breathing with difficulty, I wrap the chest in a warm cornmeal poultice, renewing it when it gets cool and keep patient in this sweat bath as long as it is necessary. On removing the warm poultice I wrap the patient's chest with warm flannel to prevent taking cold.

With the above treatment good nursing and watchful care, you can starve out all undertakers as far as pneumonia is concerned. There are cases where I prefer *Veratrum viride*, 2d dilu. to *Aconitum*, but I always keep my eye on the indicated remedy.

I remember having a little girl patient, two years old, with pneumonia. Friends and parents called in another Homeopathic doctor much older in practice (I had only been practicing it about five years,) without letting either of us know; when he found it was my patient, he would not prescribe until he could see me, but gave it as his opinion, the child could not live. When I saw him he advised me to give it *Veratrum viride* alternated with *Tartar emet*. That was just what I was giving, and told the mother it would get well. I knew whereof I spoke because in my clinical experience I had proven it time and again and it proved true in this case. Now some other Homeopath may find fault with my alternating medicine, but he must be a walking encyclopedia of

pure Materia Medica and with a memory as tenacious as a tar-barrel which I am not.

J. K. Eberle, M. D.

Pana, Ill.

Eczema—Rhus Tox. Miss P———, large, fleshy maiden lady, age 60 years, presented the following history: Had been treated by an Allopathic physician for the last three months for eczema, the soznamose variety, fine dry scales and intolerable itching, especially at night. I gave her to use externally, *Olive oil and Boracic acid* ½ dr. to the ounce, which would allay the itching for a while.

Arsenicum alb. seemed to be the indicated remedy. I first gave it low, then high, with no result. I then gave *Rhus tox* 2x, then 1x, no result. Then *Arsenicum iod., Graphite, Sepia*, etc., with no change in the case except getting worse. Having once poisoned a case with a *Rhus tox* liniment, and having a pretty serious time with it before curing it, I was impressed with the similarity of the two cases, and determined to give *Rhus tox* another trial. I gave it in the sixth dilution, a dose four times daily. The case began to improve immediately, and in three weeks pronounced herself cured.

Geneseo, Ill. W. F. Spencer, M. D.

Eczema—Psorinum.—Dr. J. W. Parker's item in Century of February 15 prompts me to mention another in the same line.

The patient, Gus A—, was a German, butcher; age 21. As his younger brother has an ottorrhœa of years standing, I think them both of scrofulous diathesis. This patient has for twelve years suffered with eczema, mainly on forearms and elbows, but slightly on body and scalp. The eruption begins as pustules, then becomes dry and scaly; size from that of lentil to that of a nickel. Most notable symptom was, *worse in winter.*

The patient came to me last April. As warm weather was coming on, he was slowly improving. I gave *Psorinum* 30x. In two or three weeks he was well.

Query—Was it warm weather or *Psorinum* that cured? Last fall, with cold weather, the eczema returned. I gave *Psorinum* again 30x. The patient speedily and fully recovered, and so remains at this date (February 26) though our coldest weather (8 deg. below zero), and our longest spell of cold has been within the last 35 days.

H. B. Stiles, M. D.

Gainesville, Texas.

Polypharmacy or Homeopathy?—In No. 4 of the Medical Century I find a communication from E. E. Whitaker, M. D., advocating the employment of tincture of *Aconite* and *Veratrum viride* in pneumonia. Now, which cures; the *Aconite* or the *Veratrum?* I do not think the doctor can tell. I have been quite successful in the treatment of pneumonia with *Veratrum viride,* one drop doses of the tincture, continued until the pulse drops; but watch your patient closely, that he does not sink away when he has arrived at this juncture. I do not know what my mortality record under this treatment is, but I do not recollect when I have lost a patient with pneumonia. Comparison with others would be unfair, as it is not frequent nor difficult to manage in this cold, dry climate.

E. Cartright, M. D.

Decorah, Ia.

Diphtheria—Methylene Blue.—I wish to call the attention of the Homeopathic profession to the use of *Methylene Blue* (Merck's) in diphtheria, ten grs. to the oz. of water, saturate deposit every hour, using absorbent cotton swab, after gargling throat with hot water to cleanse of mucus, etc. Leave the *Blue* in contact with the deposit as long as possible, allowing it to saturate thoroughly. I have been using this treatment for the last nine months, and have not had a case last beyond the third day. In the majority of cases, the throat will be free from deposit in forty-eight hours. All fœter ceases after the first application, and in twenty-four hours from its local use, the patient begins to pass blue urine, showing a stagnation of the blood by absorption, a condition no other remedy can produce without causing poisonous symptoms. N. K. Morris, M. D.

Denver, Colo.

Associations.

THE AMERICAN MEDICAL TEMPERANCE ASSOCIATION.

Dear Mr. Editor:

It is probable that many of your readers will be interested in knowing that the above named organization has been formed "to advance the practice of total abstinence in and through the medical profession and to promote investigation as to the action of alcohol in health and disease." The president of the association is the venerable and well known Dr. N. S. Davis of Chicago. The secretary is Dr. T. D. Crothers of Hartford, Conn. All physicians who are personally abstainers are eligible to membership. The scientific investigation of the action of alcohol from a medical standpoint is every way desirable and it is to be hoped that every one interested in this study will give this association its aid. All we want is the truth which can be attained only through intelligent and reliable sources. Apply to the secretary for papers and other information. Let us have less idle talk and more facts. T. P. Wilson, M. D.

Cleveland, O.

INDIANAPOLIS SOCIETY—DIPHTHERIA.

The Indianapolis Homeopathic Medical Society held a regular semi-monthly meeting, March 7, 1894. The session was presided over by the vice-president, Dr. W. B. Stewart.

After the usual routine of business, Dr. F. C. Stewart read an able and practical paper on croupous diphtheria, in which he made the following points:

1. Croupous diphtheria is the most fatal disease of childhood.

2. It carries with it all the dangers of any form of diphtheria with one more potent danger added.

3. Generally the invasion by this disease is rapid so that prompt action is necessary.

4. The false membrane forms in the larynx and suffocation results.

5. Children are more susceptible to this disease than youths and adults.

6. Diphtheritic croup and membranous croup had better be considered as one and the same disease.

7. The treatment to all concerned most is important.

8. The therapeutic remedy is to be relied on to do the work of healing, yet sanitation must not be overlooked.

9. In operative interference the surrounding circumstances will needs determine between tracheotomy and intubation.

Special stress was laid upon the necessity of thorough disinfection and use of the indicated remedy—*Aconite, Belladonna, Bromine, Kali bich., Nitric acid, Hepar sulph.*, and the different preparations of *Mercury* being among the remedies mentioned as most often indicated. As a local application, alcohol. 1 part to H_2 O 3 parts was recommended.

The paper evoked a vigorous discussion.

Dr. J. T. Boyd said he considered *Lachesis* and the *Proto-iodide of Mercury* the two best remedies in diphtheria. He has little or no confidence in tracheotomy or intubation, but thinks inhalations of oxygen gas or of the warm vapor of vinegar valuable adjuncts. He considers membranous croup and laryngeal diphtheria as identical.

Dr. O. S. Runnels thinks the two diseases *not* identical, diphtheria being an odorous, membranous croup a non-odorous disease. He recommended every one present to read and re-read Dr. Dakes' paper on "The Treatment of Membranous Croup." He favors intubation and has great confidence in *Kali bich, Proto-iodide of mercury, Mercurius cyanatus, Lachesis* and *Lycopodium* as remedies.

Dr. J. D. George believes the two diseases are not identical and in support of his opinion said there was not the prostration, swelling of cervical glands or extension of membrane into throat in membranous croup—which is non-contagious, non-odorous, and is not followed by paralysis as in diphtheria. He favors Dakes' plan of treatment, and favorably mentioned Billings, Clapp & Co.'s *Iodide of Iron* and *Pyrazone* as local applications.

Dr. L. W. Jordan emphasized the slow development, non-contagiousness, lack of pyrexia and want of nephritic symptoms as differentiating membranous croup from diphtheritic croup.

Dr. Sawyer gave the following plan of treatment as a very effective one in his hands. Teaspoonful doses of saturated solution of *Kali bi.* 3x in frequent alternation with *Mercurius proto-iodide*, and as an adjunctive measure he has the atmosphere of the sick room constantly saturated with fumes from a mixture of

Encalyptus oil,	ozs. j.
Carbolic acid,	ozs. j.
Turpentine,	ozs. vii j.

Two tablespoonsful to one quart of water for constant simmering over stove. He reported having four cases within six months, all throwing out casts of larynx and all recovering under this treatment.

Dr. W. B. Clark also thinks the two diseases not identical. Thinks that many cases of membranous croup do not die from suffocation but from sepsis. He does not consider *Aconite* and *Belladonna* 3x as effective remedies in this disease, his principal remedy being *Kali chloricum*, 1 drachm in two-thirds of a glass of water, and frequent doses for two days, then followed by *Kali bich.*, or other indicated remedy. As a spray or gargle he highly recommends *Peroxide of Hydrogen.*

Dr. W. R. Stewart recommended burning tar on hot coals in the sick room as a remedial agent, and thinks we cannot confine ourselves to a few certain remedies in this disease. He mentioned *Baptisia, Phytolacca* and *Zincum* as useful when indicated.

In closing the discussion, Dr. F. C. Stewart said the distinctions made between the two diseases would not always hold; that the membrane in croup sometimes extends to soft palate and that many of his cases had not been sporadic but epidemic. Also that all remedies proven good in diphtheria were also good for membranous croup.

On motion the society adjourned, to meet in two weeks.

Rebecca W. Rogers, M. D.,
Secretary.

Correspondence.

COMMENCEMENT AT IOWA CITY.

Editor Medical Century:

Tuesday, March 13th, was calender day at Iowa City for the Homeopathic Department of the University of Iowa. In the forenoon the examining board, Drs. W. Bancroft, B. Banton and A. P. Hanchett, conducted the final examination of the class of 1894. The report was then turned over to the board of regents who issued diplomas to fifteen. In the afternoon the alumni held their annual meeting in connection with the Hahnemannian society of the department. Speeches were made by several of the professors, the alumni, visiting friends and by the president of the senior class. The officers of the society were then elected. This meeting was presided over by Dr. Watson of Iowa City. The graduating exercises were held in the opera house. The address of the evening was by Dr. A. P. Hanchett of Council Bluffs. His subject was, "Why we are Homeopaths." He handled it most admirably. President Schaeffer of the University then conferred the degree of M. D. A new feature, following this, was the granting of certificates to graduates of our nurse's training school, which is connected with our Homeopathic hospital. The dean, W. H. Dickinson, M. D., introduced the nurses with a few very appropriate remarks, and Pres. Schaeffer's words on conferring the certificates were excellent and to the point. Gov. Jackson and the board of regents graced the stage with their presence. After these exercises all adjourned to the home of our genial Prof. Gilchrist where they enjoyed a couple of social hours and dainty refreshments. Thus closed another successful year's work.

Iowan.

DISCLAIMERS.

Editor Medical Century:

Sir:—In your article in the Medical Century, February 1, 1894, entitled "The Northampton Incident," which, through the courtesy of Dr. Hughes, I have just seen, two points appear to me to require notice, which I trust you will allow me space to give them.

1. You imply that I and three other "Britishers" have recommended certain persons for graduation at American Homeopathic Medical Colleges. I wish to state, most distinctly, that I have never done anything of the kind; further, I do not, for one moment, believe, that either Dr. Hughes, Dr. Dudgeon or Dr. Dyce Brown has ever done anything of the kind. A certificate of attendance upon my lectures was given to every one who did attend them. So, too, with the lectures of Dr. Hughes and Dr. Dyce Brown, each gentleman who attended was certified, in writing, to have done so. I may have given letters of personal introduction to medical friends here to friends in America, but never as recommending any one as a fit and proper person for graduation. Dr. Brown, in a letter I had from him this morning, says: "I gave —— a letter of introduction, but it was a purely personal one, not saying a word beyond soliciting personal courtesies."

I quite agree with you in the suggestion you make

that your "colleges should look most carefully into the credentials of British students, and especially should they carefully analyze letters brought from London." Had you but taken the most superficial glance at such letters and credentials, had you not indeed relied entirely upon the resources of your imagination for material wherewith to concoct a "valid explanation" of "The Northampton Incident," you would not have had the opportunity of stating anything so absolutely false and studiously offensive as that "our colleges have been decried by Dr. Brown and others of our British friends who heap calumny and shame upon us for giving heed to their own parchments."

2. "It has been supposed in America that the London Homeopathic hospital school, manned by Dr. Brown and a few of his colleagues, is a regularly conducted medical college." All that I can say is that, if such is the case, America, like Liza in Chevallier's song has "only herself to blame." You cannot point to a single document in which the London School of Homeopathy made the remotest pretension to being a "regularly conducted medical college." Here are the objects aimed at by the school—objects which were kept steadily in view during its period of activity—"To afford sound teaching of the principles and practice of Homeopathy, of its Materia Medica, of its therapeutics and of their applications to clinical medicine to such members and students of the medical profession as may desire to be instructed therein." (*Mon. Hom. Rev. xx, 775.*) At the congress held in Liverpool in 1877, when an attempt was made to alter the name from London School of Homeopathy to Bloomsbury School of Medicine, Dr. Dyce Brown, in supporting the retention of the original name, said, "My view in keeping the name as it is rests on one point alone. The Allopathic section of the profession refuses to teach Homeopathy at all. We come in and say, "We will supply the existing want, we do not start a medical school, but a school to teach that which other schools do not." (*Ibid. xxi, p. 622.*) On the same occasion, I said, "I think that if the teaching in Great Ormond St. were like the faculty of medicine in the Boston University, that of a complete school of medicine, it would be inappropriate to call the institution a school of Homeopathy, but inasmuch as the term school of medicine, as understood by the profession and the public, comprises not only therapeutics, but the foundation upon which the practice of medicine rests, and as we do not propose to, and as we have not the opportunities for, teaching the whole of medical science, as taught at the present day, I think that it would be incorrect to call the school a school of medicine. We call it a school of Homeopathy, because it is a school of Homeopathy." (*Ibid. xxi, p. 634.*)

In an article that I wrote in *The Review* (May, 1882) criticising (adversely) a proposal to confer the diploma of Licentiate in Homeopathy upon gentlemen who, being legally qualified to practice, had, at the conclusion of a session, passed an examination in Materia Medica and practical medicine, after remarking that the managers of the school had not sought or attempted to seek to establish a complete medical school, or by applying to parliament for a charter to institute a diploma qualifying for practice, I wrote: "They have sought to teach Homeopathy, because this is the only branch of medical science which the ordinary schools of the country refuse to teach. The title of the school indicates this to be its object and nothing more." Throughout the history of the London School of Homeopathy, from the day of its institution until it became affiliated with the London Homeopathic Hospital and passed into a state of suspended animation, no one connected with it has ever given any one, either in America or elsewhere, the shadow of an excuse for looking upon it as a "regularly conducted medical college."

Yours truly,

Alfred C. Pope.

P. S.—In one, characteristically malignant, sentence (p. 69) you refer to Dr. Dyce Brown as "holding an honorary diploma from an American college." He holds nothing of the kind.

A. C. P.

19 Watergate, Grantham, Feb. 26, 1894.

LETTER FROM DR. HEATH.

Editor Medical Century:

You will have received my last letter, and no doubt be satisfied with the evidence I sent you, that the opening remark of Dr. Brown, in his letter to you, is quite true, namely, that Dr. Heath's information he considered to be correct; the information he obtained from me was absolutely correct, so far as it went, but the information he says he got from me is quite incorrect. Dr. Brown goes on to say that he, in the December *Review*, withdrew his statements, as he informs you any gentleman would, when told his facts are incorrect; that being so, why does he, in the January *Review*, bring up the whole question again, and why does he in his letter to the Century, that I am now answering, do the same thing, ignoring my denial and what I have told him, and also what Professor James told him in his letter, namely, that I had had a year "reading medicine" before I wrote to him at all, referring to my first year.

The evidence that I have sent you (more for the purpose of undoing the injury he has done the "Old Hahnemann" and other American schools than for the injury done to myself) of my two sessions in this country will at once prove to you that he is entirely wrong when he says I told him I studied only one year; he has got mixed on this point, as on the other points in which he has acknowledged he made errors, that is, giving the name of the wrong hospital, saying I called on him twelve months ago, when he now is obliged to own it is four years, and he only arrives at the date of my call then by finding that the paper I wrote about the Philadelphia school was published in the *Review* four years ago, and I may say here it was very much mutilated before it was published. At the congress he stated that I had studied only anatomy one session. In the December *Review*, page 769, second line of his apology, he says: "The statement that *he had had only one winter session of anatomy at a London medical school was made to Dr. Dyce Brown by himself.*" (Italics mine.) *Now* he states in the Century "as his reason for saying that, that the first year at a medical school in this country is *only anatomy.*"

1. I have not said anything about a first year, but that I had been at that particular school one session, winter and summer, but surely that should not lead anyone to suppose I had been nowhere else the previous year. You now have written evidence as to that year, but which evidence I had not received in time to enclose in my first letter to you.

2. I will take Dr. Brown on his own grounds; he says the first year of medical study is only anatomy—he must be strangely ignorant of the first year's study in Great Britain. I will give the "subjects" for the information of your readers. I also send you a sylla-

bus of one of the chief schools here, so that it will prove I am correct when I say the first winter session was in 1889—*anatomy, physiology* and *chemistry*. The first summer session (all in the first year's study), is histology, materia medica, practical chemistry, etc., but as mine was a second year, I took beside anatomy, physiology, etc., midwifery and diseases of women, as you will see by my papers.

In 1892–3 the five years curriculum came into operation and it is true that physiology is left out of the first year, but even the present first year requires anatomy, chemistry, pharmacy and biology, so that there is not a vestige of a reason for Dr. Brown's saying *only anatomy* is taught the first year, either in 1889–90 or 1892 to '94. Dr. Brown further says I cannot expect my degree to be recognized here as entitling me to move as a professional equal. Does he admit an American with the same degree to his fellowship; I suppose not. I have never expected or led him to suppose I wish him to meet me, as such, but I can assure him that many men of better standing than he will meet me, and that I enjoy the friendship as well as the respect and confidence of many who are of world-wide celebrity. But has Dr. Brown never met in consultation the gentleman that he mentions as a "third case" and who, he says, only attended his and Dr. Pope's lectures at the London School of Homeopathy. Dr. Brown says that I ought to know that to refuse a diploma on account of any medical belief is illegal. I am quite aware of it, but is Dr. Brown so simple as to suppose that if an examiner wished to "plough" a student on that ground that he would let it be known it was on that account. Only the other day I knew of an Allopath M. R. C. S., one that is exceedingly well up in both medicine and surgery, and who passed a good exam., who went up for his "fellowship" and he was "ploughed" on one mark or question, which was "How is Pasteur's preparation for hydrophobia made?" Every other question he answered most satisfactorily. If they will do that for one of their own side, what would they not do for me.

Yours very truly,

114 Ebury St., S. W. Alfred Heath.

THE SAN FRANCISCO TROUBLE.

Editor Medical Century:

On the 12th of February certain charges were made by Dr. G. E. Davis, in an interview with an *Examiner* reporter, against the Hahenemann Hospital College of San Francisco and its dean. The occasion of the charges was the report of an interview with Drs. C. B. Currier and George H. Martin, made by the same reporter, concerning the withdrawal of a number of physicians from the Homeopathic ranks who intended to embrace the Allopathic faith. Dr. Davis is reported to have said:

First.—That the Hahnemann Hospital College was graduating students irregularly, without requiring them to pass the proper examinations, and cites the name of Dr. Parker, as having been so graduated.

Second.—That regular graduates of the school do not receive the honors from the college that they should, but are supplanted by graduates of other schools.

Third.—That the present dean of the college, Dr. C. B. Currier, holds a diploma from the Pennsylvania University of Philadelphia, which institution was suspended the year after his graduation, by the legislature of Pennsylvania, for selling bogus diplomas, and that his diploma would not hold in any other state and probably would not here if it had been looked up.

Fourth.—That in a spirit of antagonism toward Dr. Davis the directors of the college refused the class of 1893 a public commencement.

Fifth.—That Dr. H. R. Arndt came from the east and joined the State Medical Society, all with the purpose of securing charge of the Insane Asylum of Southern California.

To these charges I desire to make a public reply as follows:

As to the first charge.—Dr. Parker had attended two full years at Cooper College, and had failed to fulfill the requirements in five branches, some of which were senior studies in the Hahnemann College. The latter this student made up in her senior year. Others were two year studies in Cooper, and only one year studies in the Hahnemann. Of the two year studies at Cooper, she only failed in one, anatomy, and therefore she was given credit for what she had passed. This one branch, anatomy, which she had failed in both the first and second years at Cooper, she made up by hard study, and was allowed to graduate with the senior class. She was a good, conscientious student, and did her work faithfully. The principal trouble was that the six regular members of the class of 1893 considered themselves "a close corporation," and did not wish any outsider to come among them, and tried in every way, by personal torment and other ways, to prevent her from graduating.

Second charge.—This is wrong in every respect. The following graduates have been honored by the college: Drs. C. W. Bronson, I. C. Anker, M. H. Atkins, E. R. Ballard, Amy G. Bowen, H. Damkroeger, A. A. Finch, I. T. Janes, Florence N. Saltonstall, H. R. Clement, C. A. Shrader. Graduates of other colleges have only been given positions in the teacher's corps after our own graduates had resigned.

Third charge.—Concerning Dr. Currier's diploma, it is easily learned that the Penn, not the Pennsylvania, University, opened its doors to students in 1853. Dr. Currier graduated from it in 1860. It closed its doors temporarily in 1867. It was reopened in 1874, and was closed again in 1881 for selling bogus diplomas, twenty-one years after Dr. Currier graduated, and not the year after, as Dr. Davis states. At the time Dr. Currier graduated from the institution it was considered one of the best in the country. Dr. Currier's diploma was considered good enough to allow him to practice in the States of Vermont, Massachusetts and New York. It enabled him to become a member of the American Institute of Homeopathy in 1867, which, by the way, Dr. Davis joined only last year. It also enabled him to receive an honorary degree from the Cleveland Homeopathic Hospital College, besides obtaining a license to practice in the State of California.

Fourth charge.—The students were denied the customary public commencement on account of insubordination, and a general spirit of hostility manifested by them toward the college and its faculty, both by word and action. No thought of antagonism toward Dr. Davis was held by any of the directors. All of Dr. Davis' friends held their various positions in the college as long as they wished, and not one had ever been asked to resign. Dr. Davis, himself, resigned of his own free will, and so did his friends, one by one. As fast as they resigned other men had to be put in their places, and then it was that gradu-

ates from eastern colleges were asked to come in and fill the vacancies. The treatment by the college of Dr. Davis, his friends and the alumni of the institution, has always been most just, and everything has been done to keep them friends of the college.

The whole trouble that the college has had in the past year has been caused by the animosity of Dr. Davis, because he was succeeded as dean by Dr. Currier, and he has endeavored in every way to ruin the institution. Fortunately, the college faculty is composed of the representative men of San Francisco, and enters its eleventh year better equipped financially, and in every other way, than it has ever been before.

Fifth charge.—Dr. Arndt had been in California some time, when in 1891, he, with several physicians from the southern part of the State came to San Francisco to attend the meeting of the state society, and it was the first time that so many physicians from the south had attended the meetings of the society. As. Dr. Arndt had a national reputation as a teacher, author and physician, it was considered a good plan to honor him and the southern part of the state by making him president, thus bringing the north and south nearer together and so strengthening our state society by encouraging the southern physicians to become members. That the plan worked well is evident from the fact that in 1893 the annual session of the society was held in San Diego, and twenty new southern members were added. At the time Dr. Arndt was nominated no thought of him as superintendent of the insane asylum was held by any of the men who voted for him and there had been no collusion between them and Dr. Arndt regarding it. George H. Martin, M. D.

921 Polk St., San Francisco.

SAN FRANCISCO'S TEMPEST.

Editor Medical Century:

Jealousy, disappointment and vindictiveness have done their utmost to create trouble in San Francisco among the Homeopathists. All these malign influences center about the college. When the Hahnemann Hospital College of this city was reorganized a year ago, bringing back to its counsels and faculty some of the old and tried men that helped to start the school twelve years ago, the elements that were directly responsible for much of the discord had to retire, or rather were retired. Their places were taken by live, active, successful teachers and practitioners, and the college once more assumed its rightful position among similar institutions. But it was a bitter pill for some of the malcontents to swallow. To heap vengeance on the men connected with the institution became their prime object—nothing was too contemptible for that purpose. Anonymous, scurrilous letters were sent to all parts, with no effect whatever except to drive the enemies of the college to still more desperate methods. Finding no longer the recognition within the school they thought they merited, it was resolved to give up their connection with Homeopathy and to enter the old school. Here it is expected their great merits will at once be appreciated and honors heaped upon them. But the reckless malignity of these men that center around Dr. Geo. E. Davis is seen in the fact that they announce that they will leave the Homeopathic fraternity and join the old school, and have actually taken steps to secure old school diplomas. Thus they throw overboard principles which, until now, they were supposed to possess. There is a funny side to it all, for every step in this final denoument has been made the subject of long articles in one of the daily papers, and that is that these disappointed men actually take themselves most seriously and foresee the breaking up of the Homeopathic school on this coast. Meanwhile the college is in a more prosperous condition than it ever has been—its classes larger and of a far better quality than ever before and everything has assumed an air of harmony and prosperity that was simply impossible with the old disturbing elements that have now retired forever, it is hoped.

Any one at all conversant with the state of Homeopathy in San Francisco and with the character of the men who truly represent the cause and do the work needs only to look over the last announcement and read over the list of the members of the faculty and board of trustees and he will see that the college has secured the largest part of these representative men, and that the opposition comes from the disappointed ones, who, now that they can no longer rule, are ready to ruin, but this attempt will prove to be but a boomerang. San Franscican.

THE EXAMINING BOARD IN UTAH.

Salt Lake City, Feb. 27, 1894.

Editor Medical Century:

Utah is not without medical laws and an examining board, much (as I believe) to the detriment of our school. Two years ago the old school, with the assistance of two or three of our leading Homeopathists, secured the passage of a bill which has caused a good deal of criticism, and I will enclose a petition which this board has sent to every licensed doctor in the territory, which will explain itself. I came to Salt Lake three years ago, and in the following year not less than ten other Homeopaths located in the territory. But since the medical examining board has held sway only one applicant of our school has presented himself, in more than a year and a half. I do not think the board has been unjust to our school, and the requirements to pass those examinations are nothing more than any physician could easily present. Still the fact remains that we are losing numbers instead of gaining, and this is due to the examining board, I believe, and cannot but injure our cause. And it is rather amusing to see the anxiety this board has lest Utah should "become the dumping ground for the United States" when such states as Massachusetts, Connecticut and Ohio have endured these years with nothing to keep the quacks out.

It is probable that no change in the law will be made at the present session. The law is practically the same as the amendment enclosed, except in allowing those who have been in practice ten years to continue without an examination.

J. C. Hanchett, M. D.

Registration of Tuberculosis.—The State Board of Health and Bureau of Vital Statistics of Washington, at its recent annual meeting, passed an order requiring physicians practicing within the State to report all cases of pulmonary tuberculosis.

No attempt will be made at isolation, but a printed circular containing full directions for the sanitary care of such patients will be sent out by the Board for the guidance of the persons having them in charge.

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M. D., - Editor.

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

Chicago, April 1, 1894.

"DIFFERENT" PRE-NATAL INFLUENCES.

In the last issue of the Medical Century Dr. Freda Lankton discussed this question with full and ready appreciation of the responsibility attaching to the mother in the formation of the character of the coming child. She suggested also that in occasional characteristics the father might be held responsible as well. The suggestion might justly have been more emphatic, but the man's responsibility soon lifted and rested in duplicate throughout the article upon the woman, as it has been since the days of Eve and Eden and the apple story. The child has ever been considered more of the woman than of the man in moral estimates. Motherhood has ever been lauded, fostered and canonized at the expense of fatherhood. Everything written, everything said in behalf of parental responsibility, of the duty of the present to the future, of the blame of the past for the troubles of the present, has taken for its corner stone the hypothesis that woman as a moral agent has more to answer for than man, both in herself and in her impression upon her offspring. Her early training, physical and moral, bases upon the trait next to godliness, cleanliness, man's upon the opposing characteristic. She is from her incipiency taught the sort of abstinence which is fruitful in physical good; man is as early taught and "medically advised" the excess which is fruitful in evil. She enters the married condition as free from taint of blood as her heritage of ancestry permits her. Her physical, generative powers are unimpaired, his are vitiated; she is cleanly, endowed with an individuality of moral health, he undermined by the invalidism of young excess. Now, however a woman may restrain herself, however artistic her surroundings, however beauty-inspiring and inspired, whatever marble halls she may tread, before whatever great picture she may sit, however happy tempered, pacifically disposed, angelically submissive she may be, if man has furnished her with poor material to complete, nurse and love into a human life her effort is futile. Under such limitations the "mother's endless musings and prophesies" avail little, and if she has indeed entered into the Holy of Holies she should shrink back abashed, for she carries with her an unworthy offering.

Whatever idyllic theorizing may be indulged in by those who cling to the old order of things, and, shutting their eyes to evil, proclaim that all is beautiful, it is yet true that under the two-headed monster which we call our moral standard woman and maternity must inevitably feel the slur which attaches to all sexual acts and ideas connected with the libertine —the young man. It may be true that "in such hours" woman should seem to others more sacred than the most solemn temple, but it is equally true that to others she doesn't and we all know why. No more does she, after the novelty of motherhood has centered and dulled in one first child, seem to herself "as if o'er shadowed by the Holy Ghost." Since fatherhood is so trite an affair it is sequential that motherhood should irritate her; since she cannot meet her husband on a common moral plane of responsibility, the condition of parentage becomes to her an unsympathized-with condition, rather lonely and mateless in its higher aspects, troublesome and expensive in its more material. Why, anyway, is motherhood always placed before fatherhood in our conventional phrases? Why don't we speak of fatherhood and motherhood as glibly as we do of motherhood and fatherhood? Isn't the male principle as important as the female? Its forceful preservation would seem as fitting, as effect-engendering.

So far as posterity is concerned man just now is in a category with the lower animals; his creative functions are purely physical and temporary. Morally and physically woman is fitted for motherhood; morally and physically man is unfitted for fatherhood. Through girlhood's abstinence, through a neophytism free from the dissipation of alcohol, tobacco and sensuality woman rounds into a physical completion which entitles her a candidate for maternity. Fatherhood seems to need no tutelary initiative except that of brothels. There are Keeley institutes, there are Sure Cures for Lost Manhood ("literature sent free on application"), but there is no law to prevent man from reproducing his own drunkenness, his own syphilitic taint in his children and no law to prevent his having the children. The prevailing idea has long been, and is only now waning, that the world must be peopled, man must marry to get offspring legitimately, the race must be continued. The question of the survival of the fittest has never been applied *en masse* since the days of the Spartan lawgiver. It has always been, more or less, quantity not quality. France has given most out-spoken encouragement to the idea of the more the merrier, but the scheme is cosmopolitan and in all ages the idea of limitation has been held criminal. An "examining board" to pass upon candidates for marriage, from the physical, medical standpoint seems freakish. But we need it and when it is enforced "good" husbands will be scarcer than ever.

THE "ENGLISH" OF IT ALL.

There will be found in this issue of the Medical Century in its proper place a letter from Dr. Pope, co-editor of the *Monthly Homœopathic Review* with Dr. Brown, the offending secretary of the late British Homeopathic Congress, in which the writer essays to come to the relief of his hard-pressed colleague and in which he would have it appear that Dr. Brown has been sorely traduced in the matter at issue between himself and the American Homeopathic colleges.

To touch in their order on the points which Dr. Pope undertakes to make we will first take up his statement to the effect that the editor of this journal would imply that himself "and three other Britishers have recommended certain persons for graduation." To answer in the spirit of his letter, we beg to say unhesitatingly that we implied nothing of the kind. Just what was said was that if wrong has been done in giving recognition to the certificates of the London School Dr. Brown and colleagues who issued those certificates and who sent students over here armed with personal testimonials and requests for courtesies are a party to the crime, if crime there be; and it is a strained construction which Dr. Pope would put on the foregoing remarks to make them imply that those gentlemen have recommended certain persons for graduation. Nevertheless, it is quite easy to understand that the officers of our colleges might be misled by the presentation of a certificate of a full course of attendance on an old school college in London, a certificate of attendance of one term at the London School of Homeopathy, and letters of introduction and recommendation from such men as Drs. Pope and Brown. These personal letters and the certificates of attendance should have had a bearing, if, indeed, they did not, and it is perfectly safe to suggest that had no heed been paid them and no courtesies been extended the holders of those letters and certificates our British friends would have felt very sore towards their American cousins for their manifest lack of courtesy.

Again, when we said that it is generally supposed in this country that the London School of Homeopathy is a regularly conducted medical school we said exactly what we meant to say. To our knowledge it is generally so supposed in the United States. It is difficult of comprehension of the American mind that our English friends are so far behind the times and so deucedly "conservative" as not to have a medical school of some kind. Having been in the mighty little isle a few years ago we fully understand the situation; but we happen to know that a great many members of our profession have believed the school mentioned to be a regular teaching institution, somewhat after the fashion, perhaps, of a post-graduate school, but, nevertheless, a school giving scientific and thorough training in Homeopathic materia medica and practice; and since few of the profession of the United States have known, prior to this controversy, that such a periodical as the *Monthly Homœopathic Review* has had existence in England it is not to be supposed that they have known aught of what Drs. Pope and Brown might or might not have said about the name and objects of that school a few years ago. So, while these gentleman may not be to blame for the misunderstanding the situation is exactly as stated.

The postscript to Dr. Pope's letter requires but a line of reply. He tells us that Dr. Brown is not the holder of an honorary degree from an American Homeopathic college, and we accept this statement as the truth, without question; but the Century was misled by Dr. Brown himself, for in his letter to this journal, issue of February 1, page 64, does he not say that "many of us have American degrees given *honoris causa*, and those who have them are proud of the honor?" The pronoun misled us, but, unlike Drs. Brown and Pope, we freely admit having been mistaken in this one minor particular.

To show the readers of the Medical Century, domestic and foreign, how extremely careless the secretary of the British Congress has been with his words in criticising the teaching institutions of the United States, we need but refer to another letter from London appearing in this number, that of Dr. Heath, the party most directly interested in this affair, and to the all but criminal bull made by Dr. Brown in charging the Homeopathic college of Cincinnati with diploma selling. Dr. Heath takes care of his side of the question in a straightforward manner. He has sent the editor of this journal all the certificates or evidences of which he makes mention, and these are the certificates which the Hahnemann College of Philadelphia accepted from him. It is not felt to be necessary to enlarge on this feature of the matter, but it is thought proper to give a solution of the charge made against Pulte College since it has not yet been made public to the profession. In his letter to the Century, before quoted, Dr. Brown writes as follows: "A third case is Dr. ——. He had no course of lectures except those I have stated the lady had at the London School of Homeopathy and never left England at all, but after long negotiations with the Homeopathic college in —— (his letter says in Cincinnati.—Ed.), his diploma of M. D. was sent him after paying the required fee. This was somewhere about two years ago. I know this gentleman very well. He told me of all the negotiations as they went on, and finally showed me, in triumph, his diploma." The only Homeopathic college in Cincinnati is Pulte Medical College, of which Dr. C. E. Walton is registrar. Dr. Brown's letter was sent Dr. Walton by the editor of this journal, and he immediately made emphatic denial to the charge. He wrote Dr. Brown for the proof, and now, although that gentleman *knew of all the negotiations as they went on and was finally shown in triumph the ill-gotten diploma* it is confessed by him in a letter

bearing date of March 5 that it is not a Homeopathic college that sold this degree, but an Eclectic college instead. Yet here we have one high in the councils of our school on the other side of the water so exceedingly careless in this matter, we put it mild, that he is found charging one of our colleges with diploma selling, claiming to have known of all of the negotiations as they went on and to have seen the purchased diploma, whereas it is found to be a diploma of an altogether different school in medicine, one in nowise connected with or related to Homeopathy. What reasonable excuse can be offered for a blunder like this?

Let us sum up his mistakes. Dr. Brown first committed the error of allowing his personal feelings against Dr. Heath to drag in at the British Congress the questionability of the American Homeopathic diploma. More especially was this an error as there were others than registered practitioners at the congress; secondly, he made the mistake of charging that Dr. Heath had attended but one course, and that in anatomy, at Charing Cross Hospital, whereas Dr. Heath has offered indisputable evidence that he attended two terms at another hospital than the Charing Cross and not only in anatomy, but in physiology, chemistry, pharmacy, biology, midwifery and diseases of women; thirdly, he has badly erred in the dates of all of Dr. Heath's college work; fourthly, he charged Homeopathy with diploma selling in Cincinnati, whereas he now admits that it was an Eclectic college, even though he claimed the utmost familiarity with the whole transaction from the beginning to the end. And thus will it be seen that he has rendered so doubtful all of his statements that no member of the American profession can accept any of them as correct; and while none of us who know Dr. Brown personally, or know of his position in the English profession, would for one moment doubt his honesty in the whole matter we can but feel that he has been hasty, careless, misinformed, and, we believe, prejudiced against the applicant whose diploma he would discredit, prejudiced against the American Homeopathic colleges, and slow, very slow, indeed, to right the wrong he has done.

The position which the Medical Century has taken in this matter from the start is proven to be absolutely correct. The American colleges are all right. "Old Hahnemann" has been guilty of no carelessness, for Dr. Heath brought ample documents with him to cover his case. Pulte Medical College comes out of the contest unscathed, and no substantial charge has been laid at the door of the Cleveland College which has not been satisfactorily explained. The Homeopathic colleges of America have been vindicated, and while it is not believed that any of his admirers on this side of the ocean will hold this affair up against Dr. Brown it is believed that every Homeopath, unselfish and fair-minded, will rejoice that all these charges have fallen flat to the ground.

Editor's Table.

Dr. S. C. Delap, Kansas City, has recently removed his office to 1103 Main street.

Dr. W. Carey Allen, Colorado Springs, recently paid the Century office a pleasant visit.

The Homeopathic Medical Society of Western New York will meet in Buffalo on Friday, April 13.

Dr. R. E. Tomlin, Philadelphia, has removed to the north-west corner of Diamond and Franklin streets.

The Monroe County, New York, Homeopathic Medical Society will meet in Rochester on Tuesday, April 17.

Dr. A. W. Hinman has become successor to the practice of the late Walter F. Knoll, at 720 Washington Boulevard, Chicago.

The Homeopathic hospital in Munich is in need of an enlargement. The number of private rooms is far too small to meet the requirements.

Dr. H. Nevins of San Francisco, California, is attending post-graduate work in Chicago. He is especially interested in orificial investigations.

The sixth annual commencement exercises of the Kansas City Homeopathic Medical College were held on Thursday, March 15, at 8 o'clock p. m.

The next annual meeting of the Kentucky State Medical Association will be held at Lexington on the third Tuesday, Wednesday and Thursday of next month.

The invitations to the commencement of the Chicago Homeopathic College are a work of art, the neatest yet appearing at the office of this journal this spring.

The National Homeopathic Medical College, Chicago, held its fourth annual commencement exercises on the 29th of March, too late for further particulars in this issue of the Century.

The Fifth Annual Report of Grace Hospital, Detroit, has just been issued in unusually neat and attractive form. It is a report that is highly creditable to this splendid institution.

Belgium has a new Homeopathic journal titled *Journal Belge d' Homeopathie*. The first number is a highly creditable one, and the Medical Century wishes the new candidate every possible success.

Spain, with above eighteen millions of people has 20,477 doctors, or one to every 878 people. Our Dr. Dewey remarks that for a country having 91,225 beggars this seems to be a superfluity. In which he is, as usual, quite correct.

Dr. A. C. Cowperthwaite will deliver the faculty valedictory at the commencement exercises of the Chicago Homeopathic Medical College at Schiller's theater, April 3, 1894. The class valedictory will be delivered by Dr. Henry S. Whitney.

Dr. J. M. Scudder of Cincinnati, for years the acknowledged leader of the Eclectic school of practice in this country, died quite suddenly early last month in Florida. His death was wholly unexpected and is an unusually severe blow to the Eclectic profession.

The *Homœopathic Union* is the name of a small band of enthusiastic Hahnemannians who meet regularly each month at the office of Dr. E. Carleton, 53 West 45th St., N. Y., for the purpose of studying the Organon; at the last meeting the question of intermittents was discussed.

Cards are out for the wedding of Dr. Scott E. Parsons, Jr., and Miss Mae Frances Claphamson, to occur at Trinity Episcopal church, St. Louis, on the 2nd of April. Dr. and Mrs. Parsons will be at home, No. 2809 Washington avenue, St. Louis, on Saturdays in May.

The fourth annual commencement exercises of Cleveland Medical College were held at Association Hall, that city, on the evening of Wednesday, March 21, at which time thirty-five candidates for graduation received their degrees. The faculty address was delivered by Prof J. C. Wood.

The first commencement exercises of the Southwestern Homeopathic Medical College in Louisville will be held in Macauley's Theatre April 3, at 2:30 P. M. The exercises will be followed by a banquet at the Galt House on the evening of that day, the whole programme to be gilt-edged in every respect.

The Kentucky Legislature, which has just adjourned, had four medical bills before it for consideration, but very sensibly killed them all. The tendencies of the present day are too much towards excessive and offensive legislation, for which there is really no need as it may relate to the medical profession.

Homeopathy in Chicago is celebrating the fiftieth anniversary of its introduction into this city by the late Dr. D. S. Smith. So says the *Clinique*. This being the case might it not be well for us to have at some time in the year a semi-centennial jubilee celebration? The Century takes pleasure in so recommending.

There are seven women on the faculty of the Boston University School of Medicine. Hering College has three women on its faculty, and San Francisco has one. If there are other colleges with women on their faculties we are not, at this moment, informed as to which they are, if we except, of course, the Woman's Medical College of New York.

The Hahnemann Medical College of Chicago, instead of giving its usual post-graduate course, gives a special spring course this year, commencing April 11, and continuing for a period of six weeks. This course is confined to the laboratory departments, embracing Chemistry, Histiology, Bacteriology, Embryology and Typical Operations on the Cadaver.

The New York papers all gave splendid notices of Mrs. William Tod Helmuth in connection with her election to the presidency of Sorosis; and well they might, for she is one of the loveliest women of that great city. From the time of Dr. Helmuth's removal from St. Louis to New York Mrs. Helmuth has been ever active in charitable works and in social life in the metropolis.

Dr. John H. Rauch, for many years secretary of the Illinois State Board of Health, and a very efficient officer he was, too, was found dead in bed at the home of his brother, in Lebanon, Pennsylvania, on the morning of the 24th of March. Singularly enough, he died in the house in which he was born. Dr. Rauch was one of the acknowledged leaders among the sanitarians of the United States.

The Kansas City Homeopathic Medical College held its graduating exercises on the evening of Thursday, March 15, graduating eight candidates. Slowly, but surely, that school is demonstrating its right to existence. Like all young colleges it is not yet perhaps a perfect institution, but, given the circumstance of time necessary to perfect all medical colleges, and we believe that the Kansas City school will reflect credit on Homeopathy and itself.

The thirty-fourth annual commencement of Hahnemann Medical College and Hospital of Chicago will be held in the Grand opera house, April 5, at 2:30 p. m. The alumni meeeting occurs on the previous evening at 8 o'clock, the alumni address to be given by Dr. O. G. Tremaine, who has recently located in Chicago. The alumni banquet to the graduating class will take place at the auditorium at 7 o'clock on the evening of April 5.

The Glenmary Home, Owego, New York, has issued a very tasty illustrated little prospectus. This institution has grown within the last three or four years to be one of the most prosperous and satisfactory of all the Homeopathic private asylums, and is meeting with deserved success under the careful and conscientious management of Dr. Greenleaf. It is devoted to the reception of the neurotic and insane and habitues of alcohol, opium and other drugs.

The sixth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association will be held in the Century Club Room, Elkhart, Indiana, Thursday, May 3, 1894. Dr. G. W. Bowen, Fort Wayne, is the president, and Dr. H. A. Mumaw, Elkhart, is secretary. Dr. A. L. Fisher is chairman of the local committee of arrangements. This is a thriving association and its meetings are always practical and well worth attending.

Dr. Allison Clokey, Louisville, Kentucky, Secretary of the Kentucky Homeopathic Medical Society, has issued a preliminary announcement of the ninth annual meeting to be held at Lexington Tuesday, Wednesday and Thursday, May 15, 16 and 17. Dr. H. M. Marsh, Danville, is president this year. The subjects of papers to be read should be sent to the secretary as soon as possible, as the programme is to be ready for the printer the first week in May.

One of the last numbers of that spicy publication, *Life*, in an article on the "Questions of the Hour," deals with the question of "How Shall We Dispose of Homeopathy." It mourns the fact that people are now-a-days unwilling to die for principles, that the characteristics of the true hero are on the wane, and concludes that the only way to get rid of Homeopathy is to "induce patients to prefer an honorable death by an honorable system to an impertinent recovery by disrespectful methods."

Hering Medical College and Hospital has taken the initial steps toward the founding of a Homeopathic Training School for Nurses, something not yet in existence in connection with the Homeopathic colleges of Chicago. It is intended, so it is announced, to complete the project at once and inaugurate the school during the coming summer. There is much need for well trained Homeopathic nurses in this city, and such an institution properly conducted will prove a great boon to the Homeopathic profession.

The announcement of the prospective consolidation of the *Medical Advance* and *Homeopathic Physician* was premature, it seems, since the latter journal repudiates the transaction editorially in its March number. The Medical Century is the only journal thus far successful in accomplishing consolidations, and it need not surprise its friends to learn that it has taken in one or two more periodicals pretty soon. There is no need for a lot of weak fledgelings. Better by far a few strong, well supported journals than a host of sickly ones.

The joint meeting of the Tennessee and Alabama Homeopathic Medical associations has been posponed from May till November, and will be held in

Chattanooga, Tennessee, in connection with the Southern Homœopathic Medical Association, instead of at Huntsville, Alabama, as first intended. A business meeting only will be held in Chattanooga and the present officers will be continued until the regular meeting of 1895. For this information the CENTURY is indebted to Dr. Clara C. Plimpton, Secretary of the Tennessee State Society, at present sojourning for a few days in Chicago with a patient under the surgical care of Dr. E. H. Pratt.

The prospects are most excellent for a good attendance at the Denver meeting of the American Institute. Recent private advices from New York indicate the formation of quite a large party there to go by special car over the Pennsylvania road to St. Louis and at Kansas City to join with the delegation from the Middle and Western States. The hospitable West will be glad, indeed, to give cordial reception to a large delegation from the Atlantic seaboard, and long before the Gem City of Denver is reached the latch-string will be found on the outside.

Boericke & Tafel, Philadelphia, have in hand and in preparation for the press Dr. W. H. Holcombe's last manuscript, completed just before his death, entitled The "Truth About Homeopathy," being a reply to the Browning pamphlet for which the Gould Prize of one hundred dollars was paid. The work will be prefaced by a review of the doctor's useful life and will be much sought after by his thousands of friends and admirers for this feature alone. Besides it will be just the reply that is needed to forever put the quietus on Dr. Browning's sophistries, if, indeed, they be not too dead for resurrection already. The pamphlet will be ready for issuance soon.

The annual announcement of the Homeopathic Hospital College of San Francisco for 1894 is out and shows that institution to be in a flourishing condition. The number of matriculates last session was twenty-five against twenty the year before. The return of Dr. Currier to the deanship was what was needed to save the college from the ruin threatened by the management of the now deposed Davis dynasty, even though recent events on the Pacific Coast go to show that the new management has no easy task on hand. But the San Francisco college has come to stay and will live in spite of the treachery of its late dean and his handful of friends.

The latest word from San Francisco indicates that the tempest which threatened disaster out there has subsided, and that those who deflected from the true and narrow way of Homeopathy with the intention of joining the old school friends are now quite sorry for their hasty and questionable action. It is even said that Dr. Davis denies that he has ever thought of going back on Homeopathy and he claims to have tried hard to keep the troubles out of the newspapers. Nevertheless there appeared a quoted interview from his pen accompanied by a likeness of the doctor, and he may find it just a little difficult to convince the average reader of the California press that he was imposed upon by the reporter.

The MEDICAL CENTURY is being very much complimented by the profession all over the country for its enterprise in publishing a series of half-tone plates. Especially is it receiving praise for the presentation of its galaxy of surgeons. Galaxy No. 1, issued March 1, is followed by a corps of gynecological surgeons in this issue, and the second galaxy of general surgeons will follow in the issue of April 15 or that of May 1. It is the intention to issue from time to time plates of prominent men in various lines of work, and we believe that our friends throughout the country will find it to their advantage and profit to have these framed. The personnel of the Homeopathic profession will compare favorably with that of any other.

The editorial which appeared in the last number of this journal about the spring meetings of the various state medical associations is being favorably commented on in many directions. The subject needs no elaboration at this time, but if our colleagues all over the country will but do their duty the meetings of the spring of 1894 will be characterized by an unusually large attendance and unusual interest and profit. In union there is strength, and Homeopathy needs to husband all her resources now as never before in her history. There is a concerted effort all along the line to set us back a peg or two, and we must needs keep wide awake and ever on guard else we will surely have many of our well-earned battles to fight over again. Go to your state meeting this spring without fail.

The Society for the Propagation of Homeopathy, of Paris, applied for permission to give a series of popular lectures on Homeopathy at *The Sorbonne,* the celebrated institution of learning in that city. Permission was refused. The narrowness and bigotry of the Facultié de Médicine was evidenced in the caustic note of refusal. Recent articles in certain medical journals and in the public press of the Pacific coast, report the case of a celebrated opera singer, formerly of San Francisco, who met her death as consequence of a laparotomy performed by one of this same Facultié de Médicine. The interesting point is that upon sewing up the abdominal wound a loop of the intestine was included in the suture; this became strangulated causing death. Dr. Paul Sécoud is said to be the brilliant operator.

The legislative committee of the Ohio Homeopathic Medical Society has issued a circular calling on the profession of that state to exercise its immediate influences against the old school measure at present before the Legislature. The first bill, prepared by a joint committee of the representatives of the different schools of practice, has been so changed that the one now pending will give entire control of the proposed board of examination and registration to the Allopathic school. All bills of this character should be fought to the death, and it is to be hoped that the profession of Ohio will not be slow in coming to the assistance of its legislative committee. Homeopathy is too strong in the buckeye state to think for one moment of consenting to any such partisan measures as the one which the old school would foist upon us.

The Colorado-Utah Passenger Association sends official notice to the chairman of the American Institute's Transportation Committee (the editor of this journal), that it has decided to make a one-fare rate to all points in Colorado for members and tourists attending the American Institute meeting at Denver, June 14 to 22, tickets to be sold on the two days only following the adjournment of the convention, to have a final limit of fifteen days, with stop-over privileges in each direction. It is also practically understood that the one-fare rate for the round-trip will be made between Denver and Salt Lake City. By this arrangement a series of most delightful excursions in the mountain scenery of the Rockies is assured. All in all, the prospects for a thoroughly enjoyable Institute meeting have never been better, even though our Eastern friends may feel that Denver is a long way off.

A committee of the Homeopathic physicians of Cincinnati appeared before the Board of Trustees of the Cincinnati General Hospital the early part of last month and very urgently presented the claims of Homeopathy for recognition in that institution. It is thought by our friends that the board is inclined to look with a good deal of favor on an assignment of a portion of the hospital facilities to the Homeopathic school, and the matter has been taken under advisement. There is no reason why we should not have our share of beds in all the public institutions of this country. Our physicians aud patrons pay their share of the taxes and the people are entitled to the benefits of Homeopathy in all public hospitals and asylums. There is no more reason why there should be a State Medicine in connection with those charities than that there should be a set religion for them all, and the time will surely come if we but press our rights when we shall be a part and parcel of the recognized medicine of the United States.

The last report from Louisiana is to the effect that the Hahnemann Medical Association of that state has agreed to enter into coalition with the old school association to secure the passage of a separate state examining board of control. While our forces in Louisiana unquestionably feel justified in protecting themselves against the aggrandizement of the old school by accepting the enactment of an examining board law, it is very much to be regretted that principle is sacrificed to expediency in this instance. It is believed by this journal that there is no proper place in this country for the examining board plan of control, and we regret very much to know that it has been thought best in Louisiana to yield to the importunings of the old school; once this plan is agreed to it will be very difficult to overthrow it, and some of these days when our people are not watching they will find themselves foisted upon their own petard. Better go down in defeat than be a party to legislation. which is inherently wrong. These are our sentiments.

From the report of the Illinois State Board of Health, department of Medical Education, it is learned that the condition of medical education in the United States is gradually improving, and that the standard is being raised in a very satisfactory manner. Of our one hundred and thirty-six medical colleges about eighty-five per cent require three years or more of study, and seventy, or above fifty per cent, require four or more full years of study. The old-fashioned repetitional method of lecture-giving has gone out of fashion in nearly every college in the country. At the sessions of 1893 the attendance of students amounted to 18,891, of which 16,759 were of the old school, 1,410 were Homeopathic, and 741 were Eclectic. The old school show a gain in eight years of seventy-three and six-tenths per cent, our side of the house has gained thirty and six-tenths per cent. and the Eclectics have come up twenty and six-tenths per cent. There is a thought just here which should have gone in this report. While the old school army of this country outnumber us by more than ten to one, their percentum of gain in the last eight years is less than two and a half times what ours is, and less than four times in per cent that of the Eclectic gain. Of this thought we shall have more to say in the near future.

There is an unavoidable delay attending the selection of an official route from Chicago and St. Louis to Denver owing to the fact that the Western Passenger Association, to which nearly all of the trunk lines leading to Denver belong, has not yet established a rate for our convention and others to be held in that city this summer. Until this rate is established it is absolutely impossible to announce to the profession just which line will be selected as the one over which we are to travel in our special trains. It is understood, however, that this matter is to be determined within the next few days, and, this settled, the official announcement of the Transportation Committee will promptly be issued. The Union Pacific railroad, which is not in the traffic association, has already announced its intention of making a one-fare rate and a thirty-day ticket from all Missouri river points. The Eastern and Central traffic associations are now considering what can be done in connection with the Western association towards making a through rate from New York, Boston, Philadelphia and other points to the metropolis of the plains, and within the next thirty days the journals will be able to announce all railroad arrangements as having been completed. Meanwhile let us all get ready to go to Denver, for we shall surely have one of the best meetings that has yet been held.

One of the most delightful prospects in connection with the coming meeting of the American Institute of Homeopathy at Denver is that of a series of after-convention excursions out in the cañons and glades and mountains of Colorado, something more enjoyable in every particular than we have had at any previous meeting. The season is just right for mountain rusticating, the hotels are open for visitors, the railroads will be free of drifts and will have repaired their winter washouts, and the tourist and vacationist will find ample compensation for the rather long journey from eastern and central cities to the Rockies in the pleasures of these side trips after the adjournment of the Institute, to say nothing of the real treat in store for us in our jubilee meeting. Among offers already in is one from the Union Pacific Railroad of a complimentary excursion to Colorado Springs and back and another over the justly celebrated Loop Trip to Silver Plume and return. The Colorado and Utah Passenger Association have agreed upon a one fare rate good for fifteen days on all lines in Colorado, and the celebrated "Colorado" hotel at the charming Glenwood Springs, two hundred and fifty miles west of Denver, has in store for us special pleasures for a few days in that most delightful spot. The Santa Fe road is considering what it can do in the way of side trips, and other lines are also studying out a programme for the Institute and other conventions to be held in Denver during the summer; so that there is a certainty of pleasures galore for all who go to the June meeting, and no one who can get away from his business should allow himself to miss this specially promising occasion.

Volume II of *An American Text-Book of Practice*, under the editorship of Dr. Pepper, Philadelphia, has just been issued from the publishing house of W. B. Saunders, that city. The first volume was issued something more than a year ago, and in the presentation to the profession of its companion we are afforded perhaps the most satisfactory text-book on the practice of medicine that has been issued in this country in recent years. A very large part of the work is from the pen of Dr. Pepper, personally, more than three hundred pages of it having been written by him. Among his co-contributors are Professors Osler, Lyman and Wilson, and the chapter on bacteriology, which is particularly interesting and instructive, is from the accurate pen of Professor Welch. The work consists of above eleven hundred pages of super-royal octavo, and is quite liberally interspersed with plain and colored illustrations and diagrams and full-page colored and half-tone plates, the latter being

taken from photographs of natural objects. As with most of the old school works, there is very little in this volume which will be found helpful to the Homeopathic practitioner in the matter of treatment, but its perusal in the departments of etiology, pathology, diagnosis, prognosis, etc., can but afford interesting and instructive reading to every careful practitioner, no matter what his school. Our own time and investigations being given over to materia medica and the treatment of diseases at the bedside we naturally find it very advantageous to consult the works of our old school colleagues in all the basic work of the art, and to no work can we turn with greater satisfaction and with more certainty of finding the help we need than to this *American Text-Book of Practice*. It is conscientiously recommended as a system of unusual merit.

As will be seen from the following clipping from the Kansas City Journal of March 14, there is trouble in the Homeopathic camp of that city:

"Dr. J. W. Cartlich has resigned as a member of the faculty of the Homeopathic Medical college and surrendered his chair of clinical medicine. He resigned in the following letter addressed to the trustees and faculty:

"Kansas City, Mo., March 13, 1894.

"To the Trustees and Faculty of the So-Called Homeopathic Medical College of Kansas City, Mo.:

"I most respectfully submit my resignation as a member of the faculty and chair of clinical medicine, for the following reasons:

"First—It is not a Homeopathic college, as but very little Homeopathy is taught there, but instead they teach students to alternate and mix their medicines, utterly ignoring the law of our illustrious founder, Samuel Hahnemann.

"Second—That some of the professors ridicule the single remedy prescribing and the minimum dose, and try to instill into the minds of their students that infinitesimals are nothing but bottle washings, and will not countenance a physician who practices the true law.

"Third—They graduate every one who applies, if they can without being detected.

"Fourth—This year one of the professors marked two students 10 each in examination, instead of 100, and, in order to pass said students, the faculty threw out the chair, thereby voting diplomas to those who could not correctly answer one plain, simple question out of ten.

"Consequently, I want no part in such infamy, and most respectfully tender my resignation.

"J. W. Cartlich, M. D.,
"1659 Madison avenue."

Without knowing aught of the merits of the charges made by Dr. Cartlich we believe it will be seen by the average reader of the Medical Century that he has been very slow in coming forward with the indictment of his colleagues. Having been a member of the faculty of the Kansas City school for about two years and having worked hand in hand with them during the college term just ending is he not just a trifle late in finding all this evidence of carelessness and criminality? Not until his chair has been declared vacant, it seems, has he been prompted to array himself as the only one of the faculty of that school altogether pure in heart. It is not to be doubted for one moment that carelessness may have been shown in the teaching of strict Homeopathy in the Kansas City college. In fact, it is believed that this carelessness is quite general, altogether too general, in all of our schools, and there may be some merit in the statement that Dr. Cartlich makes to the effect that the Kansas City school has been ignoring some of the laws of our illustrious founder and has been teaching the alternation and mixing of some remedies, to its discredit; but it is not believed that the Homeopathic profession will very warmly sympathize with the doctor in his efforts to tear down and destroy that of which he has been a component part until his chair was declared vacant. The Kansas City school has some splendid men in its faculty and, in our opinion, will survive the resignation of any member of its corps. Dr. Cartlich would have done much better, we believe, had he remained in the faculty and undertaken to bring about needed reform in its teachings "within the party."

That the fools and ignoramuses are not all dead yet is shown by the following note which appeared in the *Journal of the American Medical Association* for March 24, 1894: "Why 'Moonshine Pills' flourish. Tecumseh, Mich., March 17, 1894. To the Editor:—In your last week's issue of the *Journal* ten or more pages are given in exposing the vagaries of Homeopathy, in which the author explains how near he got to the slum. It is my impression that if the medical schools of our country will raise the standard of medical education equal to that of other countries, European countries, we will be cursed with less quacks, Homeopaths and other sects. They will not flourish any more than they do in Austria and Germany. Very truly yours, (Signed) J. F. Jenkins, M. D."

Poor soul! It may be put down as a fact that some pestiferous fellow of a Homeopath has been causing this man a good deal of trouble. For he would not otherwise make such a dunce of himself in this day and generation as to talk about Homeopathy and quackery in the same breath. Does he not know that the Homeopathic colleges are away ahead of the old school colleges of America in their terms of teaching and in their general requirement? Does he not know that to the American Institute of Homeopathy belongs the credit of first demanding the three years' course in the colleges recognized in her membership? And does he not know that to a Homeopathic institution belongs the credit of inaugurating the four years' course? And does he not know that all the Homeopathic colleges now demand four years of study, including three full courses of lectures of six months, as a requirement for graduation? If he does not he is not informed, and when he proposes that the elevation of the standard will crush out Homeopathy in America as it is all but crushed in Germany and Austria he does not know what he is talking about. Nothing less than restrictive governmental legislation has held us down in those countries, the very kind of legislation his school is trying to have enacted in this country and the kind some of our people are blindly favoring, while wherever the standard is being raised Homeopathy is flourishing if not restricted through vicious and selfish laws. The correspondent of the *Journal of the American Medical Association* is writing himself down an ass, and the *Journal* is not doing much better when it gives place to such drivel. The time for proscription and selfishness in medicine has about gone by, and the sooner our old school friends come to recognize this fact and realize that, after all, none but the fittest can survive, the earlier they will cease their foolish efforts to smother Homeopathy by ridiculing and abusing it.

A GALAXY OF HOMEOPATHY'S SURGEONS.

Number Two.

F. P. GREEN, M. D.
HORACE PACKARD, M. D.
CHARLES ADAMS, M. D.

DE WITT G. WILCOX, M. D.
ALBERT G. BEEBE, M. D.
WM. D. FOSTER, M. D.

D. A. FOOTE, M. D.
S. B. PARSONS, M. D.
H. W. GILLEY, M. D.